**Glastonbury Creative Experiences Playbill Subscription Form** R: \_\_\_\_\_\_\_, 2016

PB P# \_\_\_\_\_\_\_

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|  |  |  |
| --- | --- | --- |
|  | *The Little Mermaid* | You’re a Good Man Charlie Brown |
| June 3, 2016 | August 4, 5, & 6, 2016 | Fall 2016 |

##### Ways You Can Help – Please Check Dollar Amount of Your Choice

|  |  |  |
| --- | --- | --- |
| **PLAYBILL DONOR LEVELS** (Name appears in Playbill) | | |
|  |  |  | | |  |
| **Donor Level** |  | ***The Little Mermaid*** | | |
| **Order by Date** |  | **7/1/2016** | | |
| **Angel** (Name appears in list of Angels) |  | $150.00 Minimum (Name appears in 2 Playbills, Summer & Fall) | | |
| **Page Sponsor** (Name at bottom of page) |  | $45.00 | |
| **Contributor** (Name appears in list of Donors) |  | $30.00 | |
|  |  |  | |
| **PLAYBILL** **ADS** (Please attach Ad copy, if New) | | | |
|  |  |  | |
| **Cover (4.5 X 7.5)** (3 available) |  | $300.00 | |
| **Full Page (4.5 X 7.5)** |  | $125.00 | |
| **Half Page (4.5 X 3.75)** |  | $75.00 | |
| **Quarter Page (4.5 X 1.875)** |  | $55.00 | |

**Use Last Year’s Ad Copy? ☐Yes ☐No Total Amount: \_\_\_\_\_\_\_\_\_\_\_\_\_**

## Your Business or Personal Name (as you wish it to appear in the playbill & in The Glastonbury Citizen)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Business Contact Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

* ***For all Subscribers:*** ***Please*** indicate how you want your name to appear in the program & the ad in the Glastonbury Citizen, for business ads the name of the business will be used:

Mr. & Mrs. John Smith  John & Sally Smith  The Smith Family  Anonymous

* Please attach your Ad copy or use the back of this form for your Ad Copy.
* For further information please call The Creative Experience’s staff at 652-7664.

Make checks payable to: **FOGY, PO Box 284, Glastonbury, CT 06033-0284**

Returned checks will be charged an additional $ 25.00 processing fee.

**THANK YOU for Helping Friends of Glastonbury Youth, Inc.**

In proudly supporting

**Glastonbury Youth & Family Services’ Creative Experiences**

**Office Use Only:** Ad Requested By\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cash\_\_\_\_\_ Check #\_\_\_\_\_\_\_\_\_\_\_

**Ad Sizes**

**Quarter page ad size fits horizontal and vertical business cards. Additional text can be added to the space if the business card is reduced. Special Instruction for Ad copy and/or text for Ads:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**