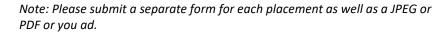
Recital Program Ad Form





Student Info	rmation	(if gi	ven to you by a student participating	in the recital)		
Student Name	!					
Parent or Gua	rdian Name	فِ				
Email					Phone	
Advertiser I	nformatio	n				
Contact Name						
Company Nam	ne					
Email					Phone	
Ad Size Req	uest (check	one	e)			
□ Dancei	Footnote:	\$12	.00 each or \$20.00 for two			
□ Busine	ss Card Size	e Ad	: \$30.00			
□ ¼ page	Business A	d or	Student Memory: \$50.00			
□ ½ page	Business A	vd oi	Student Memory: \$ \$75.00			
□ Full Pa	ge Business	Ad	or Student Memory: \$125.00			
Payment Ty	pe (checks	s pa	yable to Fairport Dance Academy)			
☐ Credit Card Number		er				
Expiration Date				CVV Code		
□ Check	#					
□ Cash	Cash					
otnote:						
otnote:						

Fairport Dance Academy 1 Victoria Place, Suite 140 Painesville, OH 44077

 ${\bf Email\ Address:\ FairportDanceAcademy@hotmail.com}$