

PHILADELPHIA CITY H.S. ALL-STAR FOOTBALL GAME

PROGRAM ADVERTISEMENT

(PRINT READY COPY MUST BE ATTACHED OR INCLUDED)

PLEASE PRINT OR TYPE

Player's Name: _____ **School Name:** _____

Please Circle One: Public League Non-Public League

AD Sponsor('s) Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Email Address: _____

Phone #: _____

Full Page: \$200 _____

Half Page: \$125 _____

Two Page Spread: \$ 350 _____

¼ Page: \$75 _____

Business Card: \$30 _____

****Add \$50 for full color ads****

METHOD OF PAYMENT

***HomeTown Ticket:** _____ **Cash:** _____ **Check** _____ **Check #** _____

MAKE ALL CHECKS PAYABLE TO: P.A.S.F.G.

Payments must be confirmed before Ads can be processed.

Deadline is Friday May 2, 2025

Please use picture from Media Day _____ Please use attached photo _____
(A photo can only be included with a full or half page ad.)

PLEASE MAIL TO:

Marc Wilson

PO Box 45733

Philadelphia, PA 19149

PASFG215@gmail.com

"A Great Game For A Great Cause"

PHILLYALLSTARFB.COM

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