

Flushing High School Theatre Department

Michael D. Hamilton, Director
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Flushing, MI 48433

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Page _____

Scanned at _____

Ad Order Form

Name of Show: _____

Dates of Show: _____

Business or Parent/Guardian Name: _____

Date: _____

Student Name: _____

Address: _____

Phone: _____ E-mail: _____

Type of Ad: Based on 8.5 X 11 size paper

1/8 Page @ \$20.00 _____

1/2 Page @ \$45.00 _____

1/4 Page @ \$30.00 _____

Full Page @ \$75.00 _____

E-mail your ad to lynda.gibson@flushingschools.org File types that work: JPG, GIF, PNG, TIF, PDF, Word and/or Publisher. Or you can send in a scanner ready copy – please use paper clips

Return the top portion of this form with payment to Lynda Gibson or Mike Hamilton.

Advertisements need to be submitted AT LEAST 2 weeks before opening night.

Signature _____ Date: _____

Paid: Cash [] Check # _____

Make check payable to Flushing High School. Keep section below for your records.

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Receipt for Advertisement for Flushing High School Theatre Department

NAME: _____ DATE: _____

<i>Quantity</i>	<i>Description</i>	<i>Unit Price</i>	<i>Total</i>
	Eighth Page Ad	\$20.00	
	Quarter Page Ad	\$30.00	
	Half Page Ad	\$45.00	
	Full Page Ad	\$75.00	
		Total Due	
CASH _____	CHECK # _____	Amount Paid	
		Balance	

STUDENT Name: _____