



# LACROSSE GAME PROGRAM

2010 ADVERTISING APPLICATION FORM

Please make checks payable to: **SMCHS Lacrosse**

**ADVERTISER:**

Business/Organization/Individual: \_\_\_\_\_

Name of contact person: \_\_\_\_\_

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

Business Telephone: (\_\_\_\_) \_\_\_\_\_ Business Email: \_\_\_\_\_

**Player Name** : \_\_\_\_\_

<b>Team Level:</b>	Boys	Varsity _____	Junior Varsity _____
	Girls	Varsity _____	Junior Varsity _____

<b>TYPE OF ADVERTISING SELECTED</b>	<b>COLOR</b>
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- |  |                         |
|--|-------------------------|
| <input type="checkbox"/> Name Sponsor  | \$50 (Black/White Only) |
| <input type="checkbox"/> Business Card (horizontal only: 3.5" x 2")                        | \$150                   |
| <input type="checkbox"/> ¼ page (3.5" wide x 4.5" tall)                                    | \$250                   |
| <input type="checkbox"/> ½ page (7.5" wide x 4.5" tall)                                    | \$400                   |
| <input type="checkbox"/> Full page (7.5" wide x 10' tall) Family                           | \$600                   |
| <input type="checkbox"/> Full page – Corporate Sponsor<br>(7.5" wide x 10" tall) Elaborate | \$1000                  |
| <input type="checkbox"/> Inside, Front and Back Covers                                     | \$1500                  |
| <input type="checkbox"/> Outside Back Cover/Color only                                     | \$1500                  |

**Advertising artwork MUST be submitted electronically in pdf, jpg, or tiff file formats with 150 dpi at a minimum to: [ethomson@cox.net](mailto:ethomson@cox.net)**

**Mail this completed application form and payment in full to SMCHS Lacrosse, SMCHS, 22062 Antonio Parkway, RSM: CA 92688**

Questions? Call Elaine Thomson (949) 309-9290 or e-mail: [ethomson@cox.net](mailto:ethomson@cox.net)

The deadline for all advertisements and payment is:

**JANUARY 22, 2010**

Thank you for your support – Vince Garcia Director of Lacrosse Program

Office Use Only:  
Artwork Received: \_\_\_\_\_ Payment Received: \_\_\_\_\_