

ADRIAN COMMUNITY THEATER

ADVERTISING FORM

YES, I would like to advertise with ACT

TITLE OF PRODUCTION: _____

DATES OF PRODUCTION: _____

Name of Business Organization

Authorized Signature

Corporate Sponsorship \$300

Full Page Ad - \$100

1 / 2 Page Ad - \$60

1 / 4 Page Ad - \$35

TOTAL AMOUNT DUE \$ _____

**(REQUIRED: PLEASE ATTACH CAMERA READY ART OR DIGITAL FILES
EMAILED TO actadrian@gmail.com)**

Contact Information:

Name: _____

Title: _____

Organization: _____

Address: _____

City, State, Zip: _____

Work Phone: _____ Fax #: _____

E-mail: _____ Website: _____

SUPPORTER RECEIPT

Thank you for supporting your local community theater.
ACT appreciates our advertisers who help support ACT by
offsetting the costs of production expenses.

The benefits to our program advertisers:

- * Front entry recognition display of all advertisers
- * Recognition on, Facebook, Instagram, Programs,
ACT website etc. (www.actadrian.com)

YOUR RECEIPT: _____
Title of Production

Advertising Rates:

Corporate Sponsorship \$300

Full Page Ad - \$100

1 / 2 Page Ad - \$60

1 / 4 Page Ad - \$35

TOTAL AMOUNT PAID \$ _____

PAID BY: CASH CHECK # CREDIT

Adrian Community Theater
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Tax Exempt 501C3 Corporation
Tax ID #46-2214151