

PARKWAY CENTRAL HIGH THEATRE DEPARTMENT

Advertising Contract

Please Print All Information

Name of Advertiser / Company

Address

City / State / Zip

Work Phone

Cell Phone

Email

Authorized by

Signature

Date

Please read carefully:

- * Be sure the contract is filled out completely.
- * This ad will appear in the mainstage production program.
- * Black on white "Camera Ready" copy is preferred OR email to: nvoss@parkwayschools.net
- * Do not staple, tape, bend or write on ad copy.
- * Make a copy of this contract for your records.
- * A finished copy the program will be sent to in the mail.
- * Please include a check payable to PCH Theatre Department with the contract and the ad copy. Mail to:
Parkway Central High Theatre Dept. 369 N. Woods Mill Rd. Chesterfield, MO 63017

Please check desired ad size:

_____ Full Page	\$50.00	5 1/2" x 8 1/2"
_____ Half Page	\$25.00	5 1/2" x 4 1/4"
_____ Quarter Page	\$15.00	2 3/4" x 4 1/4"
_____ Business Card	\$10.00	2" x 3 1/2"

