

Sponsored By



# Performing Arts SUMMER PROJECT



## PROGRAM AD SUBMISSION FORM

Dear Supporter of the Arts,  
Thank you for placing an ad and supporting our summer production of *Once On This Island Jr.* in South Windsor. This program brings together youth from over 40 different communities throughout the states of Connecticut and Massachusetts. Your support helps to make this all possible!

Please select your level of support below:

- Personal Ad \$15** one-line comment or business name, website, & telephone number  
One-Line Ad Text (maximum 15 words) : *please print legibly*  
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- 1/4 Page \$25** 4.75 x 2 in. horizontal
- 1/2 Page \$50** 4.75 x 3.5 in. horizontal
- 3/4 Page \$75** 4.75 x 5 in. vertical
- Full Page \$100** 4.75 x 7.5 in. vertical

**Ad Submission Deadline: 7/22/11 before 12:00pm**

### HOW TO SUBMIT YOUR AD

**Online:** Submit your ad online at [www.lambtheatricals.org](http://www.lambtheatricals.org). Ads that are submitted online must be paid for online.

**Mail-In:** Please fill out the form below and mail in along with your chosen method of payment, and email your ad to [PerfArtsPrograms@aol.com](mailto:PerfArtsPrograms@aol.com) (please put *Once On This Island Jr.* AD in the subject line). Ad placement cannot be secured until your payment is received.

**Ad Specifications: Images are in black & white, in PDF or JPG format with at least 300 dpi (PDF format preferred). If you need help with your ad please contact our design department at 860.432.9890 or email at [PerfArtsPrograms@aol.com](mailto:PerfArtsPrograms@aol.com)**

Name of Referral \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

Name \_\_\_\_\_ Organization \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_ Alternative Phone (\_\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_ City/State \_\_\_\_\_ Zip Code \_\_\_\_\_

Email \_\_\_\_\_

### METHOD OF PAYMENT

CHECK Check # \_\_\_\_\_ Date \_\_\_\_\_

**Please make check payable to Lamb Theatricals LLC**

**Mail registration form and payment to Lamb Theatricals LLC, P.O. Box 633, South Windsor CT 06074**

CREDIT CARD  Visa  MasterCard  American Express  Discover

Name on Card (if different from above) \_\_\_\_\_

Billing Address \_\_\_\_\_ City/State \_\_\_\_\_ Zip Code \_\_\_\_\_

Card Number \_\_\_\_\_ Exp. Date \_\_\_\_\_

Card Security # (last three digits on back of card/four on front of AmEx cards) \_\_\_\_\_