

ACTORS COMMUNITY THEATER OF SEYMOUR, INC.

ADVERTISEMENT AGREEMENT

By signing below, we agree to advertise in the Actors Community Theater of Seymour program for the _____ season.

Business name to be displayed in program _____

Will you provide a pre-made advertisement? YES NO

If no, please write here all information to be included in the advertisement: _____

Size of advertisement (check one):

_____ \$15 Quarter-page ad, black & white

_____ \$25 Half-page ad, black & white

_____ \$40 Full-page ad, black & white

_____ \$75 Full-page inside back cover ad, color

_____ \$400 Show Sponsor (full-page inside front cover color ad, plus table tent ad at each table during the performance, verbal shout-out in announcements and any radio publicity, written "sponsored by" in PSA's or newspaper ads and with logo on posters, and your choice of 2 dinner tickets or 4 show-only tickets to one show during the abovementioned season)

Authorized Signatory _____

Please remit payment by check or money order with this form to us:

Actors Community Theater of Seymour
PO Box 542
Seymour, Indiana 47274

Actors Community Theater of Seymour, Inc. is a 501(c)3 not-for-profit organization. Receipts for tax purposes will be provided upon request for all memberships and other donations.

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PO Box 542
Seymour, Indiana 47274

www.seymouracts.org
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812-498-2127
Find us on Facebook!

