



KMHS Soccer Booster Club

2012 Season PROGRAM Ad Order Form

Team: Varsity Boys Jr. Varsity Boys
 Varsity Girls Jr. Varsity Girls

Player Number: _____
Player Name: _____

Name: _____
Address: _____

City State Zip Telephone

Ad Size: \$25 ¼ Text Only Ad ¼ Custom Ad & Text (attach custom ad)
\$50 ½ Text Only Ad ½ Custom Ad & Text (attach custom ad)
\$100 1 Page Text Only Ad 1 Page Custom Ad & Text (attach custom ad)

Text Only Ad (Please print your message clearly as you would like it to appear)

line 1
line 2
line 3
line 4
line 5
line 6

Custom Ad

If you submit a custom ad, please obtain an appropriate sized card to write your message. These will be scanned into the program as is (some resizing if applicable).

Return Submitted Custom ad (Provide a self addressed stamped envelope).

Program ad deadline date is 2/3/2012

Send KMHS Soccer Team Program Ad Form & Money
(make checks payable to **KMHS Soccer**) to:
Meredith Brinkmann, Treasurer
1144 Wind Hill Lane
Marietta, Ga. 30064

Date _____
Cash Check
No. _____
Amt. _____
Custom
Ret. Env.