

# Program Ad Order Form

Level 4/5 Illinois State Championships

March 22 – 24, 2019

<u>Program Ad</u>	<u>Dimensions</u>	<u>Price</u>
Program Ad – 1/8 Page	3 5/8 x 1 7/8	\$35
Program Ad – 1/4 Page	3 5/8 x 4 7/8	\$70
Program Ad – 1/2 Page	7 1/2 x 4 7/8	\$100
Program Ad – Full Page	7 1/2 x 10	\$150

**All art, images and ads must be submitted digitally.**

### Artwork

All art, images and ads must be submitted digitally.

Program advertising may be submitted in color, or black and white.

Please be advised, images that bleed to edge could be cut off.

### Submit By

March 4, 2019 to FlipStarUSAG@gmail.com

### Questions

Please contact Billy at FlipStarUSAG@gmail.com or (815) 463-5900

### Payments

\*Payment is due at time of order. Scan to: FlipStarUSAG@gmail.com

Cash, check, Visa or Mastercard. Mail to: FlipStar Gymnastics  
Make checks payable to FlipStar 1906 Ferro Dr.  
New Lenox, IL 60451

**Gymnast Name:** \_\_\_\_\_

**Family Name: The** \_\_\_\_\_ **Family** Your name, family name or corporate sponsor will be listed in the program exactly as it appears here. Please print or type clearly.

**Company Name:** \_\_\_\_\_

**Point of Contact:** \_\_\_\_\_ **Phone: (\_\_\_\_) \_\_\_\_\_**

**Address:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Image File Name:** \_\_\_\_\_

**Description of Image:** \_\_\_\_\_

**Ad Size:** \_\_\_\_\_ **Dimension:** \_\_\_\_\_ **Price:** \_\_\_\_\_ **Payment Type:** \_\_\_\_\_

**Credit Card** **Name on CC:** \_\_\_\_\_ **Exp. Date:** \_\_\_\_\_  
**Card Number:** \_\_\_\_\_ **Billing Zip Code:** \_\_\_\_\_