

Participant Sponsorships



Name, Company and/or Individual: _____

Sponsor Name in Program (if different from above): _____

In honor of (participants name): _____

Address: _____

City, State, Zip: _____

Phone: _____ Email: _____

AD COPY

Repeat last year's ad copy

Copy Attached

KSB to Design Ad

(no extra charge)

SAVE TIME AND PAPER!

Complete this form online at

KansasShrineBowl.com/advertise



KANSAS SHRINE BOWL

P.O. Box 53, Spring Hill, Kansas 66083

913-602-8656

Website: www.kansasshrinebowl.com Email: assistant@kansasshrinebowl.com

X	ADVERTISEMENT SIZE	PRICE
	Renewal of last year's ad • page # _____	\$
	Full Page Ad	\$250
	1/2 Page Ad	\$150
	1/4 Page Ad	\$100
	1/8 Page Ad	\$75
	1/16 Page Ad	\$50

X	SPONSORSHIPS	PRICE
	Football Player, Coach, Trainer, Manager, Camp Director	\$500
	Meal Sponsor	\$250
	Hospital Patient Sponsor	\$150
	Banquet Sponsor	\$100
	Video Board Logo/Message	\$100
	Stadium Banner	\$100

TOTAL \$ _____

BILLING

Check Attached (make payable to Kansas Shrine Bowl) Please send bill (if necessary)

Credit Card (circle one) VISA MC DISCOVER AMERICAN EXPRESS

Card # _____ Exp Date _____ CSC Code on Back _____