

Kansas Shrine Bowl Sponsorship & Advertising Order Form

Online Form Available at www.KansasShrineBowl.com/Advertise

Sponsor/Advertiser Name: _____
(how you would like the business/individual listed in program directory)

Contact Name: _____ Phone: _____

Email: _____

Mailing Address: _____

City, State, Zip: _____

Sponsorship/Ad in honor of (name of participant you are supporting, if applicable):

AD COPY / DESIGN NOTES

- ☐ Repeat last year's ad copy
☐ Ad copy attached (or sending via email)
☐ Ad needs designed by KSB (no extra charge)

Please attach completed ads/copy notes/design notes/etc. or send via email to assistant@kansasshrinebowl.com

PROGRAM ADVERTISING

| X | Ad Size | Price |
|--------------------------|---|-------|
| <input type="checkbox"/> | Full Page (7.5" x 10") | \$250 |
| <input type="checkbox"/> | 1/2 Page (7.5" x 5" or 3.75" x 10") | \$150 |
| <input type="checkbox"/> | 1/4 Page (3.75" x 5" or 7.5" x 2.5") | \$100 |
| <input type="checkbox"/> | 1/8 Page (3.75" x 2.5") | \$75 |
| <input type="checkbox"/> | 1/16 Page (3.75" x 1.25") | \$50 |
| <input type="checkbox"/> | Band Member Spotlight Ad (Logo Placement) | \$100 |
| <input type="checkbox"/> | Stadium Video Board Ad | \$100 |

Player/Coach/Staff Sponsor:

Help cover the costs of meals, lodging and more for participants to attend camp. Includes recognition on player's program profile, name on back of player's camp shirt, 1/4 page ad in game program.

Meal Sponsor:

Help cover the costs of participant meals throughout the week of camp. Includes 1/4 page ad in game program and meal sponsor recognition.

Hospital Patient Ambassador Sponsor:

Help cover the costs for Shriners Children's Patient Ambassadors to attend the event and interact and share their experiences with our participants. Includes game program recognition and sponsor recognition during Hospital Experience Event.

SPONSORSHIP OPTIONS

| X | Sponsorship | Price |
|--------------------------|-------------------------------------|-------|
| <input type="checkbox"/> | Player/Coach/Staff Sponsor | \$500 |
| <input type="checkbox"/> | Meal Sponsor | \$250 |
| <input type="checkbox"/> | Hospital Patient Ambassador Sponsor | \$150 |
| <input type="checkbox"/> | Golf Tournament Hole Sponsor | \$100 |

TOTAL ENCLOSED: \$ _____

Checks Payable to:
Kansas Shrine Bowl
PO Box 53
Spring Hill, KS 66083

BILLING INFORMATION

☐ Check Attached (payable to Kansas Shrine Bowl)

☐ Request Invoice for Payment Processing

Card Payment # _____ Exp Date: _____

Billing Address if different from above: _____