



SUMMER SERIES 2024

FRIENDS & FAMILY AD FORM

Submit a Friends & Family ad or booster message in our 2023 Fall Program.

Submit electronically. Please complete this form and email to communityplayhousenorthport1@gmail.com. Then visit communityplayhousenorthport.org/program to pay for your ad (a 3.5% convenience fee will be applied to credit card payments.)

Submit by mail. Please complete this form and mail with check or credit card information to P.O. Box 689, East Northport, NY 11731.

Deadline: Friday, July 12

| | AD SIZE | PRICE |
|--------------------|---------------|-------|
| Full page color | 4.75" x 7.75" | \$350 |
| Full page b/w | 4.75" x 7.75" | \$250 |
| Half page color | 4.75" x 3.75" | \$250 |
| Half page b/w | 4.75" x 3.75" | \$150 |
| Quarter page color | 2.25" x 3.75" | \$150 |
| Quarter page b/w | 2.25" x 3.75" | \$100 |
| Eighth page color | 2.25" x 1.8" | \$100 |
| Eighth page b/w | 2.25" x 1.8" | \$75 |
| Booster Display ad | 2" x 1" | \$50 |

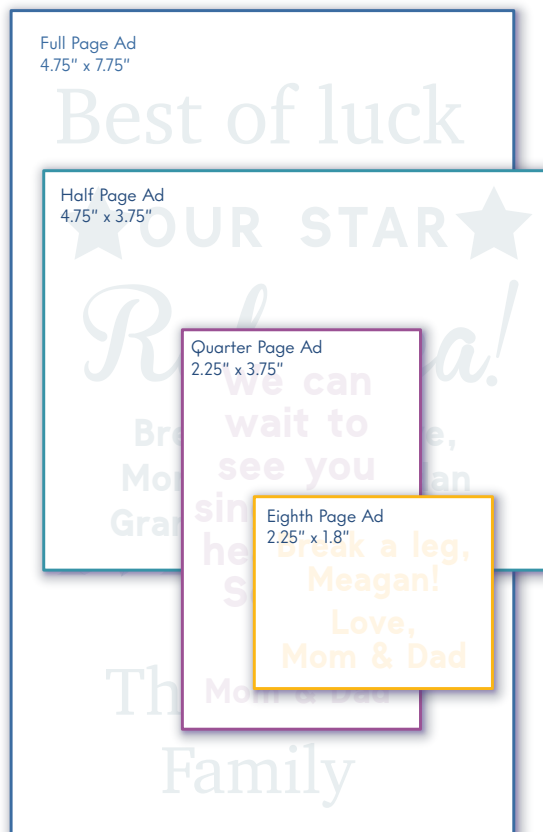
Booster messages up to 10 words \$15 each.

Each add'l word \$1.50 each

Total number of booster messages @ \$15 _____

Total number of add'l words @ \$1.50 ea. _____

Total Booster cost \$ _____



BOOSTER SAMPLES:
Break a leg, Meaghan! Love Mom, Dad, Steven & Granny
Congratulations on Opening Night Matilda Cast and Crew! - The Smiths

CONTACT NAME _____

ADDRESS _____

E-MAIL _____ TELEPHONE _____

PAYMENT METHOD Mastercard Visa Check (Make checks payable to Community Playhouse of Northport.)

CARD NUMBER _____ EXP DATE _____ CVV _____ ZIP _____



COMMUNITY
PLAYHOUSE
OF NORTHPORT

P.O. Box 689, East Northport, New York 11731 | 631-683-8444
communityplayhousenorthport1@gmail.com
communityplayhousenorthport.org