

# SPRING 2025

## FRIENDS & FAMILY AD FORM

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

**Submit electronically.** Please complete this form and email to [communityplayhousenorthport1@gmail.com](mailto:communityplayhousenorthport1@gmail.com). Then visit [communityplayhousenorthport.org/program](http://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:** Monday, April 21

	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 \$ \_\_\_\_\_



**Full Page Ad**  
4.75" x 7.75"

**Half Page Ad**  
4.75" x 3.75"

**Quarter Page Ad**  
2.25" x 3.75"

**Eighth Page Ad**  
2.25" x 1.8"

**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](mailto:communityplayhousenorthport1@gmail.com)  
[communityplayhousenorthport.org](http://communityplayhousenorthport.org)