

BAY AREA YOUTH SYMPHONY PROGRAM ADVERTISEMENT

Name of Business _____

Address: _____

Phone: _____ Fax: _____

Representative Name: _____

Title: _____

Ad Size: _____ Amount Collected: _____

Costs for program ads are as follows:

1/3 Page (business card)	\$ 50.00
½ Page (5 ½ X 4 ¼)	\$ 75.00
Full Page (5 ½ X 8 ½)	\$ 100.00

Please make checks payable to: **BAYS or Bay Area Youth Symphony**

Please return this form with the ad (camera-ready) and payment. You may return to your solicitor or mail it to:

**Bay Area Youth Symphony
2437 Bay Area Blvd. # 131
Houston, Texas 77058**

Ads and payments must be received by November 1, 2008 for processing.

Name of Solicitor: _____

Phone: (H) _____ E-mail: _____

Please detach here as a receipt for the business. You will receive an official letter of receipt upon processing.

Date: _____

Received From: _____

\$: _____

For _____ page ad in the Bay Area Youth Symphony concert program on _____. (11/30, 3/8, or 5/3)

Bay Area Youth Symphony Representative