



MARCUS 2011 FOOTBALL PROGRAM SPIRIT AD FORM

YES WE CAN YES WE WILL

**** ALL ADS WILL BE IN FULL COLOR THIS YEAR ****

• June 11th EARLY BIRD DISCOUNT (10%) DEADLINE * JULY 12TH - AD SUBMISSION DEADLINE

CONTACT INFORMATION

Let's get fired up for a great 2011 Football season!

Show your Marauder player, Band member, Cheerleader, Marquette, Color Guard, ROTC or Crew member that you support their efforts by placing an ad in the 2011 Football Program.

Ads are open to all players, and participating groups, freshman through seniors.

First Name _____ Last Name _____ Relationship to Student _____

Physical Address _____

City _____ State _____ Zip/Postal Code _____

Home Phone _____ Cell Phone _____ Fax Number _____

Email Address _____

SEND YOUR COMPLETED AD FORM, PHOTOGRAPHS, MESSAGE AND PAYMENT TO:

Email to: debbie@blueanjou.com

Or mail to:

Marcus Football Booster Club
2221 Justin Road, Suite 119/PMB 315
Flower Mound, TX 75028

Questions: Debbie Simon

Call: 214-642-9002

Visit us at: www.marcusfootball.com

PROGRAM INFORMATION

Please complete entire ad form with signature to secure your ad space.

- Please TYPE the STUDENT NAME(S) to appear in your ad:

Name(s): _____

- Please TYPE the STUDENT GROUP NAME: (band, drill team, player, etc.)

Group: _____

- CHOOSE the SIZE of your FULL COLOR ad:

_____ Full Page - \$375 - (Portrait - 7 1/2 width x 10 height)

_____ 1/2 Page - \$200 - (Landscape - 7 1/2 width x 5 height)

_____ 1/4 Page - \$125 - (Portrait - 3 1/2 width x 5 height)

_____ Business Card - \$75 - (Landscape - 3 1/2 width x 2 height)

PHOTOGRAPHS:

1) Included: YES _____ NO _____

2) # Submitted: _____

3) Sent by: Email _____ Hard Copy _____ Disk _____

- RETURN OF PHOTOS -

All pictures can be picked up at Pack N Ship
1901 Long Prairie Road #130 Flower Mound, TX
972-539-5826

NOTE: Please label all of your pictures/disk with your students name, group and your phone number.

- **AD COPY:**

Please type the text you wish to appear in your tribute on the second page and return it with this SPIRIT AD FORM.

PAYMENT INFORMATION

Payment Method: Cash _____ *Company Check# _____ Visa MasterCard

Credit Card # _____ Expiration Date (mm/yy) _____

Cardholder Name (as it appears on card) _____ V-Code (last 3 digits on back of card) _____

Credit Card Billing Address (if different from above) _____ Billing Zip Code (must have) _____ Billing Phone Number (must have) _____

*Please make all checks payable to: **Marcus Football Booster Club**

Spirit Ad Amount \$ _____

+ Credit Card Transaction Fee (if applicable) \$ 2.00

Total \$ _____

X

SIGNATURE (required for securing your ad space and processing of credit card transactions. **NOTE: \$2.00 credit card convenience fee will be added to your total.**) _____
