



AD ORDER FORM

Deadline: 4 weeks before performance date

Company _____

Contact _____

Address _____

City _____ ST _____ Zip _____

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I am enclosing payment for (check one):

	B/W or Color	Size
_____ Full Page	\$120/\$140	(5" x 8")
_____ Half Page	\$80/\$100	(5" x 3¾")
_____ Quarter Page	\$40/\$50	(2¼" x 3¾")

Check # _____

Please submit artwork in JPG format to:

info@GreenfieldConcertBand.org

Mailing address:

Greenfield Concert Band
PO Box 20975
Greenfield, WI 53220

Contact for more information or questions:

Renee Lorenz (414) 852-2748

Renee@greenfieldconcertband.org