

WATERFORDDrama Cast Member: _____

Name of Show: _____

WATERFORDDrama Program Advertising

Name of Business: _____

Contact person: _____

Phone Number: _____

Circle one: $\frac{1}{4}$ page $\frac{1}{2}$ page

full page: date/time for tickets: _____

Please attach reproducible artwork as close to the ad size as possible.

Make checks payable to: WHS SAF (*Waterford High School Student Activity Fund*)

\$35.00

1.75H x 4.75W inches

Box is actual size

\$65.00


3.75H x 4.75W inches

Box is actual size

\$100.00

7.75H x 4.75W inches

Box is actual size



2 Free tickets to the
show with the
purchase of a full
page ad. Please
designate date on
form.