



# The Walpole Footlighters

P.O. Box 189

Walpole, MA 02081

508-668-8446

## Yes, I want to advertise with the Walpole Footlighters!

*Order your ad before **October 1** to be included in our Fall Program!*

I want to place my advertisement for the entire season \*:

### Season Rates

<input type="checkbox"/>	Quarter Page (Business Card)	4.5" x 1.75"	\$ 125
<input type="checkbox"/>	Half Page	4.5" x 3.75"	\$ 200
<input type="checkbox"/>	Full Page	4.5" x 7"	\$ 325
<input type="checkbox"/>	Inside Cover	4.5" x 7"	\$ 500

\*Ads for full season must be received by October 1 to be included in our Fall Program

I want to place an advertisement for one or two productions:

### Single Show Rates

<input type="checkbox"/>	Quarter Page (Business Card)	4.5" x 1.75"	\$ 50
<input type="checkbox"/>	Half Page	4.5" x 3.75"	\$ 75
<input type="checkbox"/>	Full Page	4.5" x 7"	\$ 125
<input type="checkbox"/>	Inside cover	4.5" x 7"	\$ 200

Check production(s) desired:

Fall       Winter       Spring

I'd like to sponsor one of your productions. Please contact me for details

*Production sponsors are listed with all show publicity in addition to receiving a full-page ad. Sponsor logos will appear on all print media related to the production and will be cited in all press releases. The minimum level for sponsorship is \$1000 for a play and \$1500 for the musical.*

Ads must be delivered as camera-ready hard copy, as a TIFF file (300 dpi or higher) or a PDF file (300 dpi or higher). Email files (zip file preferred) to [treasurer@footlighters.com](mailto:treasurer@footlighters.com) by the deadline indicated on the rate card. In addition to the playbill, your ad will be featured on our web site and our internal video stream displayed before performances.

Business Name \_\_\_\_\_

Contact: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email: \_\_\_\_\_ Telephone \_\_\_\_\_

I have enclosed a check in the amount of \$ \_\_\_\_\_ for my ad.

Please charge my ad to my credit card: \_\_\_\_\_

Expiration date \_\_\_\_\_ CVV No: \_\_\_\_\_

Signature \_\_\_\_\_

Billing address of card if different from above:  
\_\_\_\_\_