



The Walpole Footlighters

P.O. Box 189
668-8446

Walpole, MA 02081 508-

Yes, I want to advertise with the Walpole Footlighters!

*Order your ad before **September 20** to be included in our Fall Program!*

Demographics:

- Capacity of the theater is 231 seats, with 8 performances per production
- Total attendance per show ranges from 1000 to 1400, of whom 56% are subscriber and 44% are new non-subscribing patrons people for the musical.
- Patrons come from surrounding towns including Canton, Dedham, Foxboro, Franklin, Mansfield, Medfield, Medway, Norfolk, Norwood, Sharon, Stoughton, Westwood, Wrentham, Hyde Park, Milton, North Attleboro, and Attleboro
- The age of current subscribers ranges from 35 to 65

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 September 20 to be included in our Fall Program

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 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:
