



WESTHILL BOOSTER CLUB INC. SPORTS PROGRAM APPLICATION

BUSINESS NAME: _____

CONTACT NAME: _____

ADDRESS: _____

PHONE: (____) _____ CELL PHONE: (____) _____

Primary E-mail ADDRESS: _____

Pricing: 3 Seasons (Fall, Winter and Spring Programs)
 2 Seasons (Fall, Winter and Spring – Select two)

	3 Seasons	2 Seasons
Full Page	\$500	\$400
½ Page	\$300	\$250
¼ Page	\$200	\$175
Business Card	\$150	\$100
Family Message/Non Business	\$75	\$50

Circle the size and commitment level.

DEADLINE is September 10th – any questions call Pete Lobello 263-0709.

plobello@twcny.rr.com

For best results please submit an original EPS file, High quality JPG, or High quality PDF

Payment Method

Check Make Payable to : Westhill Booster Club Inc.

Credit Card # _____ CVV/ code* _____

Expiration date _____ Billing Zip code _____

*Three digit code back of Visa/ four digit code front of American express

SOLD BY _____ TEAM OR CLUB TO BE CREDITED: _____