

2011-2012

BUSINESS BOOSTER

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BUSINESS BOOSTER SIGN PROGRAM

American Gold Gymnastics ~ 2001 17th Avenue South ~ Fargo, North Dakota 58103

Phone 280-0400 ~ Fax 280-2691

Gymnast's Name: \_\_\_\_\_ Team: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

BOOSTER INFORMATION:

(This form must be filled out completely, before the BUSINESS AD COPY will be accepted!)

Name of Business \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contact Person/ Title \_\_\_\_\_ Signature \_\_\_\_\_ Date of Contact \_\_\_\_\_

Email Address \_\_\_\_\_

PAYMENT AND AD COPY INFORMATION: (Please fill out all 4 categories)

PAYMENT:

- Payment Enclosed
Invoice/Stmt Requested

BUSINESS BOOSTER/SIGN PROGRAM LEVEL & AD SIZES:

- \$150 (Business Card Size Ad = 3.5"w x 2"h)
\$250 (1/4 Page Ad = 3.75"w x 4.75"h)
\$500 (1/2 Page Ad = 7.75"w x 4.75"h)
\$750 (6'w x 3'h Vinyl Sign)

(No Ad...Business Name will be listed in GNM Program)

BOOSTER TYPE:

- New Booster
Existing Booster

AD COPY STATUS:

- Ad Enclosed (See dimensions above)
Ad Emailed-aggmarci@aol.com (Preferred formats: "jpeg" or "pdf")
Same Ad as Last Year
Name of Contact Person for Ad Copy
Email Address for Ad Copy Contact

(If different from Contact Person Noted Above)

Office Use Only:
TY Date:
BB Date:

Please detach below this line to keep the RECEIPT for your RECORDS.

AGG MUST have your Business AD COPY and PAYMENT by JANUARY 23, 2012 ... in order for your ad to be included in our (Black & White Print) GNM PROGRAM!

Please regard this as your tax deductible receipt from American Gold Gymnastics Tax ID #45-0333196

Business Name:
Contact Name:
Booster Level Amount: \$

Date Paid:
Processed by:

THANK YOU FROM THE FAMILIES, DIRECTORS, & STAFF OF AMERICAN GOLD GYMNASTICS!

