



# Walker's Bay State Classic Invitational Ad Book Application



Name of Gymnast: _____	Gymnast's Level: _____
Name of Parent: _____	(L4, L5, L6, L7, L8, L9, L10, PO-R, PO-N, PO-I, PO-A/S)
Telephone Number: _____	
<b>Name of Gym:</b> _____	
Name of Company: _____	
Name of Contact Person: _____	
Telephone Number: _____	Form Submittal
Company Web Site: _____	Electronic <input type="checkbox"/>
Total Ad Fee: \$ _____	Paper Only <input type="checkbox"/>

Ad Book Size: 8.5 X 11, Black and White

### PRICING OF ADS

<input type="checkbox"/> Full Page	\$100.00	<input type="checkbox"/> Business Card	\$15.00
<input type="checkbox"/> Half Page	\$50.00	<input type="checkbox"/> Biography	\$10.00 (Free w/ Ad)
<input type="checkbox"/> Quarter Page	\$25.00	<input type="checkbox"/> Booster Names	\$2.00 each

**Important: ALL ADS MUST BE PRINT-READY.**

Please submit electronic/scanned ads/photos if possible for best quality

- black and white or color (though book printed in black and white)
- any image format is acceptable (i.e. .jpeg, .gif, .tiff, .pdf, .doc, .pub, etc).
- resolution of 300 DPI or higher for best results

**All Ads and payment must be received by Friday, December 11, 2009, accompanied by this form and a check made payable to Walker-Overs, Inc.**

Electronic submissions must be e-mailed directly to [deanholman@verizon.net](mailto:deanholman@verizon.net). All electronic submissions must have the information from this form included in the text of the e-mail, or the completed Ad form attached. Please put "BAYSTATE" as the first word of the e-mail subject line. Also, please mail a copy of the Ad and this completed form with the check to Walker's Gymnastics, 312 Plain St., Lowell, MA. 01852

- ☎ If you require our Tax ID number, please call the Walker's Office at (978) 459-4954.
- ☎ If you have any additional questions, please call Dean Holman at (978) 761-1389.

I hereby give permission to Walker-Overs, Inc. to use my ad:

Signature of Sponsor: \_\_\_\_\_ Date: \_\_\_\_\_