

FPD - Recital Program Love Notes & Advertising

Support your favorite dancer(s) or promote your business in our performance program.

Flash Grams must be typed out in your email to avoid any spelling errors. We will copy and paste, changing only the font. Do not send as pdf or jpeg files.

All Notes/Advertisements, Quarter, Half & Full, must be sent in camera ready – jpeg files only, in the proper size listed.

* If you do not know how to create your ad, we can do the set up for an additional \$20.00. Submit your text in the body of your email, and jpeg photos (make sure resolution is decent or ad quality will be affected) as attached files by email to www.FlashPointeDance@gmail.com with the subject: Recital Ad, your Name, your Dancer's name, and Ad Size. (Ex. Recital Ad, Sue Johnson, Dancer: Haily Johnson, Full Fire). You can also add any other requests/instructions in your email.

All ad and flash gram files must be submitted by April 12th with payment.

Parent _____ Student _____

Phone _____ Cell _____ Submission date _____

Programs available at the studio with ideas for your layout.

Size	Personal	Advertising	Quantity	Total \$
Flash Gram - Personal line messages <u>sent as text in email</u> – do not send as jpeg or pdf as we cut and paste this information so we are sure it is accurately reproduced. (1 message, max 12 words including your dancers name.)	20.00/line Qty. _____	NA		
*Quarter Flash – send as jpeg file only Approx. 2.5 X 4.00 - horizontal or vertical.	45.00 Qty. _____	65.00 Qty. _____		
*Half Flash – send as jpeg file only Approx. 4.00 x 5.00 - horizontal or vertical	70.00 Qty. _____	100.00 Qty. _____		
*Full Fire – send as jpeg file only Approx. 5.0 X 8.0 -vertical is best format for this	120.00 Qty. _____	160.00 Qty. _____		
*Set up Fee for any submission that is not in correct size, or format. If you submit without checking this box, and we have to format, you will be charged for set up.	20.00 Qty. _____	20.00 Qty. _____		

Cash \$ _____ Check # _____ Amount \$ _____ Email w/Artwork: _____

MC VISA # _____ Exp. _____ Sec. _____

Street Number _____ Zip _____ FPD Representative _____

Entered DW: Date _____ FPD Rep _____ Trans # _____