

PLEASE PRINT

KCHS

**PERSONAL AD PURCHASE AGREEMENT
2019 KISD FOOTBALL PROGRAM**

Parent/Sponsor _____

Student's Name _____

Address _____

City _____

, TX _____

Zip Code _____

(_____) Phone Number _____

Parent/Sponsor Signature _____

Date _____

E-Mail Address _____

KISD Representative Signature _____

Paula Raska
Print name of KISD Representative

Date _____

The above agrees to purchase space in the KISD Football Program to appear at all Klein Collins High School Varsity Home Games. Payment in the amount of \$ _____ in the form of **Check #** _____ or **Cash** is rendered for the **space of (#)** ____/12ths of a page.

Checks should be made payable to **Klein Collins Band Association** or **KCBA**. Please send signed agreement, payment, any art work, and a hard copy of the ad to:

Paula Raska

3651 Rolling Terrace, Spring, TX 77388

(c) 281-851-9601

Any special instructions? Please use back of contract.

DEADLINE August 5th

AD RATES FOR THE 2019 KISD FOOTBALL PROGRAM

Advertisement Size		Digital-Ready	Non-Camera Ready	# of Photos to scan	\$10.00 per scanned photo	Total
1/12thPage	3.75" W x 1.625" H	\$ 25.00	\$ 35.00		\$	\$
2/12thPage	3.75" W x 3.25" H	\$ 50.00	\$ 60.00		\$	\$
3/12thPage	3.75" W x 5" H	\$ 75.00	\$ 85.00		\$	\$
4/12th Page		\$ 100.00	\$ 110.00		\$	\$
6/12thPage	7.50" W x 5" H	\$ 150.00	\$ 160.00		\$	\$
12/12th Page		\$ 300.00	\$ 310.00		\$	\$

For any further questions or assistance, please contact:

**Klein Collins Personal Ads Coordinator:
Paula Raska 281-851-9601 : parpublishing@sbcglobal.net**

Thank you for your support!!!