

**IOWA SHRINE
BOWL GAMES, INC.**

P.O. Box 3898
Urbandale, Iowa 50323
515-276-3319 Fax 515-276-6281



Benefit Shriners' Hospitals for Children

Date _____, 2018

Sponsor

Name

Street/Box

City State Zip Co

Telephone

(Sponsor secured by)

Player

Sponsored _____

Please send your ad and check to the Player that you are sponsoring.

Player

Email: _____

No agreement will be recognized unless embodied in this contract. Sponsor to furnish all special cuts or pay for them. Attach a design, outline, business card or letterhead of your desired ad. **We do not update business cards.**

All Sponsorships with layouts must be received by May 1, 2018 Must have player sponsored name included. Make checks to Iowa Shrine Bowl Inc. and return to your player sponsor: You must email the ad to your player sponsor. We cannot guarantee that your ad will be in the program book after this date of May 1, 2018.

If you are selling the center spread, inside front cover, inside back, or the spline make sure you check with me as we can only sell one of these. lowashrinegame@centurylink.net

CIRCLE SIZE OF AD

Center Spread \$1000.00 Inside Front \$750.00 Inside Back \$750.00 Spline: \$750.00

Full Page 7 ¼ x10" \$400 1/2 Page 7 ¼ X 5" \$220 1/4 Page 5" x 3 5/8 \$115 1/8 Page 2 ½ " X 3 5/8 " \$80.00

We hereby authorize you to publish our sponsorship layout costing \$ _____ . Cash Check Attached

Authorized by _____