

T.H.S.P.A.
State Meet Program Advertisement Form

¼ page - \$25.00

½ page - \$50.00

Full page - \$75.00

Sponsor's Name _____

Street Address _____

City _____ State _____ Zip _____

Phone _____

Ad. Size _____

Sponsor Representative _____

Advertisement or Attachment below:

Please make checks payable to the T.H.S.P.A.

Please attach check and any artwork to this form.

Regional Director _____

Region _____

Date _____