## **Isis Shrine Circus Advertisement Form**



## P.O. Box 2778, Salina, KS 67402-2778

Office Phone: 785-825-0206

## Show Dates-February 14-16, 2025



Name:		
Address:		City:
State:	Zip:	Phone:
Email:		
Circle Advertisement Size:	Full Page \$200 1/2 Page \$150 1/4 Page \$125 1/8 Page \$75 Single Line \$35	
Please accept this donation donation levels and what is	of \$ included with each le	to help the Isis Shrine Circus be a success!!! Below are the evel. All levels will be recognized in the coloring book.
\$250-\$500-Gold Lev \$500 and above-Plat *If a banner ne	vel Donor (2 Adult Tic el Donor (*Banner Hu tinum Level Donor (*E eds to be produced fo	kets and 4 Kid Tickets) ung Arena plus 2 Adult Tickets and 4 Kid Tickets) Banner Hung in Arena plus 6 Adult Tickets and 12 Kid Tickets) or your company an additional fee of \$250 will be charged
# Child # Fami	ren Tickets ly Packets (4 Kids/2 A	\$15.00 = \$ _x \$5.00 = \$ .dults) x x \$45.00 = \$
		oove Options: \$
Shrine, PO Box 2778, Salina return this completed form	KS, 67402. If you prote to the Isis Shrine with advertisement book	ks payable to Isis Shrine, and mail this form and payment to Isis efer credit card, please complete the below information. Please your full payment at your earliest convenience, but no later designer will be in contact with you to request your artwork be
Name on Credit Card:		
Credit Card Number:		
Credit Card Expiration Date		Three-Digit Security Number On Back:
Signature Authorizing Credi	t Card Purchase:	