

# 2025 Reno Greek Festival - Friday, Sept 5 and Saturday, Sept 6

## Ad & Program Book Contract



Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_



Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

### Please Check Appropriate Box:

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Full Page (8" x 5") <b>\$250</b>          | <input type="checkbox"/> Half Page (5" x 4") <b>\$150</b>          | <input type="checkbox"/> Quarter Page (4" x 2.5") <b>\$100</b>    |
| <input type="checkbox"/> Outside Back Cover (8" x 5") <b>\$750</b> | <input type="checkbox"/> Inside Front Cover (8" x 5") <b>\$500</b> | <input type="checkbox"/> Inside Back Cover (8" x 5") <b>\$500</b> |
| <input type="checkbox"/> Please Use Supplied Camera-ready Art      | <input type="checkbox"/> Memorial Ads (see below)                  |   |

Please write your Ad, Message area below, or email your Artwork to: [renogreekfestival@yahoo.com](mailto:renogreekfestival@yahoo.com) (.PDF file preferred and submit only .JPEG file for photos)

	<input type="checkbox"/> Memorial Ad - with photo <b>\$100</b>			
	<input type="checkbox"/> Memorial Ad - with cross <b>\$100</b>			
	In Loving Memory of _____			
	May his/her/their memory be eternal			

### PAYMENT METHOD:

☐ CASH / CHECKS \$ \_\_\_\_\_ Date Received: \_\_\_\_\_

Please make checks payable to: Saint Anthony Greek Orthodox Church

☐ CREDIT CARD \$ \_\_\_\_\_ VISA/MC/AMEX #: \_\_\_\_\_ EXP: \_\_\_\_\_

Name on Credit Card: \_\_\_\_\_

Your phone # for us to call to verify and process: \_\_\_\_\_

Payment must accompany this contract.

Submit this form and company logo to [renogreekfestival@yahoo.com](mailto:renogreekfestival@yahoo.com) or St. Anthony Greek Orthodox Church, 4795 Lakeside Dr, Reno NV 89509.

Phone: 775-825-5365