

GLOCESTER LITTLE LEAGUE
2005
APPLICATION FOR ADVERTISEMENT
OPENING DAY PROGRAM

Company Name: _____

Address: _____

Name: _____

Phone Number: _____

FULL PAGE:	\$100	_____
HALF PAGE:	\$ 50	_____
QUARTER PAGE:	\$ 25	_____
CENTERFOLD:	\$300	_____ **
INSIDE COVER:	\$125	_____ **
OUTSIDE COVER:	\$125	_____ **

**** CONTACT: Please notify other contacts if you sell any of these spots.**

PLEASE CHECK ONE:

- Use Company Business Card
- Use Ad Given to Contact
- Use ad from last year's 2004 Program
- Please design ad for me based on information I have given to the contact.

CONTACT: Please paperclip all information to this application form

RECEIPT FOR GLL OPENING DAY PROGRAM			
FULL _____	HALF _____	QUARTER _____	OTHER _____
AMOUNT \$ _____	CASH\$ _____	CHECK # _____	
Please make checks payable to: Gloucester Little League (note on check "advertisement")			
Gloucester Little League PO Box 7 Chepachet, RI 02814			

WWW.GLOCESTERLL.COM