

Advertising Agreement Contract & Information Form
Kentucky Ballet Theatre



Terms Agreed By (Organization's Name):

Contact Person: _____

Phone _____ Email: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Ad Size: _____ Ad Rate: _____

If you advertised with us last year, should we use the same as last season? Yes No

Preferred Payment type: (circle) Check Credit Card PayPal*
(*using above email)

Final Advertisement Cost: \$ _____

Credit Card Number: _____ Exp: ___/___ CVV: _____

New Ad Copy will be delivered to Brie Lowry by: _____
(September 15, 2019 is latest date. Please use addresses below.)

Signature of Contact Person

Date

Brigid DeVries, Kentucky Ballet Theatre Board of Directors President

Please select your form of payment (include if applicable) and return this form via email or send:

Kentucky Ballet Theatre
Attn: Adell Cook
740 National Avenue #170
Lexington, Kentucky 40502

You may also email this form to:
admin@kyballet.com