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?

Preferred Payment type: (circle) Check Credit Card

Final Advertisement Cost: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Credit Card Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Exp: \_\_\_/\_\_\_\_

Yes No

PayPal\*  
(\*using above email)

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: Jennifer Reed   
740 National Avenue #170 Lexington, Kentucky 40502***

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