



SHOW YOUR SUPPORT

Order #: _____

Program ads can be purchased by your team, coach, parents... ANYONE!

WANT TO ENSURE A PERFECT AD?... *Follow these steps to success.*

- Complete this form and submit total payment and program ad artwork to JAMZ. **(Must be received by Friday, January 13, 2012 NOON)**
- Payment may be: one cashier check, money order, gym/studio/organization check or credit card
- Artwork must be CAMERA-READY art or photography (ready to print, exact size, no necessary touch ups or additional art needed. *JAMZ does not put artwork/wording together for you.*)
- Digital files will only be accepted if in one of the following formats: Adobe PDF, Tiff, or JPG (please send hi-res files only - 300 dpi)
- Please send CDs ONLY (no floppy disks). Slides will NOT be accepted.
- Artwork or photographs CANNOT be returned.

1) FAX & EMAIL... *Pay by credit card.*

- Fax this form to **(209) 578-1617.**
- Email artwork to cheer@jamz.com.

2) MAIL... *Pay by check, money order, or credit card.*

- Fill out this form and mail along with artwork to:

Program Ad: JAMZ Schools Nationals
P.O. Box 4308
Modesto, CA 95352

JAMZ OFFICE: (800) 920-4272 • FAX: (209) 578-1617 • EMAIL SUBMISSIONS TO: cheer@jamz.com

SENDER INFORMATION:

Name: _____ Team of Participant(s): _____
(Person placing the ad)

Mailing Address: _____

City/State/Zip: _____

Home: () _____ Work: () _____ Cell: () _____

E-Mail: _____

PROGRAM AD SPECIFICS: *Please complete the following information*

TYPE OF AD SUBMISSION		SIZE OF AD			
<input type="checkbox"/> Camera-ready Art or Photography				COST	QTY
<input type="checkbox"/> Mailed in digital File	<input type="checkbox"/> E-mailed digital File <small>email to: cheer@jamz.com</small>	<input type="checkbox"/> Full Page Ad	7.5"x10" Vertical Non-Bleed	\$115	_____
<input type="checkbox"/> Uploaded to jamz.com/ads		<input type="checkbox"/> Half Page Ad	7.5"x5" Horizontal Non-Bleed	\$70	_____
<i>If you checked this box, please answer below</i>		<input type="checkbox"/> Quarter Page Ad	3.75"x5" Vertical Non-Bleed	\$50	_____
<input type="checkbox"/> PDF	<input type="checkbox"/> TIFF	<input type="checkbox"/> JPG (min. 300 dpi)			
File Name: _____					

PAYMENT INFORMATION: *Please select one form of payment. (no personal checks).*

Total Amount Due: \$ _____ (Full payment ONLY)

- CASHIER CHECK/MONEY ORDER
- GYM/STUDIO/ORG CHECK
- CREDIT CARD/E-CHECK
See Credit Card Authorization Form

SPORTSMAN POLICY: I agree to present artwork of a positive nature that does not include any offensive text, gestures, images, etc. which could be considered harmful to any organization, team, coach, participant or individual.

I understand all of the above stipulations for ordering a program ad. Failure to comply with the required artwork formats, deadline or submission of payment may delay or prevent my ordered ad from being included in the Schools National Championship Program. I understand the ad is black and white. Any necessary payments are enclosed with this form.

Name: _____ Today's Date _____

FOR OFFICE USE ONLY

DR _____ DE _____ MOP _____ IP _____ SM _____ AV _____ AS _____