

Show your support for your favorite athlete or team.
 Program ads can be purchased by your team, community group, parents, etc.

Order #: _____

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 15, 2010 NOON)**
- Payment may be: one cashier check, money order, team/school 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 <input type="checkbox"/> Mailed in digital File <input type="checkbox"/> E-mailed digital File <small>if you checked this box, please answer below</small> <input type="checkbox"/> PDF <input type="checkbox"/> TIFF <input type="checkbox"/> JPG (min. 300 dpi) File Name: _____	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;"></th> <th style="width: 20%;">COST</th> <th style="width: 20%;">QTY</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> Full Page Ad 7.5"x10" Vertical Non-Bleed</td> <td>\$115</td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/> Half Page Ad 7.5"x5" Horizontal Non-Bleed</td> <td>\$70</td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/> Quarter Page Ad 3.75"x5" Vertical Non-Bleed</td> <td>\$50</td> <td>_____</td> </tr> </tbody> </table>		COST	QTY	<input type="checkbox"/> Full Page Ad 7.5"x10" Vertical Non-Bleed	\$115	_____	<input type="checkbox"/> Half Page Ad 7.5"x5" Horizontal Non-Bleed	\$70	_____	<input type="checkbox"/> Quarter Page Ad 3.75"x5" Vertical Non-Bleed	\$50	_____
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PAYMENT INFORMATION: Please select one form of payment. Payment is required to process ticket order (no personal checks).

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

- CASHIER CHECK/MONEY ORDER TEAM/SCHOOL CHECK CREDIT CARD - See Credit Card Authorization Form

Sportsmanship 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 All-Star/Studio 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 _____

Please complete the following:

- Fill out all information requested on this form
- Fax this form to JAMZ at (209) 578-1617

Team/Organization/School: _____

Event Location: **JAMZ SCHOOLS NATIONALS**

Event Date: Friday, 2/19

PLEASE PRINT LEGIBLY OR TYPE:

I, _____, here by authorize the following charges:
PRINT NAME

Total Number of:

Entry Form Total (team entry + additional coach passes) = Total \$ _____

Spectator Ticket Pre-Order Form Total = Total \$ _____

Program Ad Order Form Total = Total \$ _____

TOTAL AMOUNT TO BE CHARGED: \$ _____

CREDIT CARD INFORMATION

PLEASE CHECK ONE (JAMZ DOES NOT ACCEPT DISCOVER CARD)

VISA

MASTER CARD

AMERICAN EXPRESS

Name as it appears on Credit Card: _____
PRINT NAME

Please write each digit of the Credit Card Number in the 16 blocks provided below:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Expiration Date: ____/____/____

Credit Card Security Code: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

SIGNATURE OF CARD HOLDER

____/____/____
DATE

(____) _____
CONTACT NUMBER

FOR OFFICE USE ONLY: DR _____ DE _____ IP _____ CFM _____