

“Field Of Dreams”

Advertising Banner Application

NAME OF COMPANY
OR INDIVIDUAL

CONTACT PERSON

ADDRESS

PHONE NUMBER

CHECK ONE AND INCLUDE A CHECK OR MONEY ORDER FOR AT LEAST ONE YEAR.

- | | | |
|--------------------------|-------------------|---------|
| <input type="checkbox"/> | One Year Banner | \$450 |
| <input type="checkbox"/> | Two Year Banner | \$800 |
| <input type="checkbox"/> | Three Year Banner | \$1,100 |

I agree to purchase an advertising banner at Latrobe-Derry Area Teener League for _____ years.

Signature

Please send completed form along with a check or money order to:

The Latrobe Foundation
P.O. Box 502
Latrobe, PA 15650