MARQUEE REQUEST FORM

Name of organization_____

Name of contact person_____

Address_____

Telephone_____

Message

16 Character limited per line, including spaces

Line 1_____

Line 2_____

Line 3_____

Line 4_____

Requested dates: from _____, 20_____ to _____, 20_____

Signature _____ Date_____

FEES

NON-PROFIT ORGANIZATIONS - $5.00 PER WEEK
PERSONAL ADS UP TO 3 DAYS - $5.00 or -$10.00 PER WEEK
ADDITIONAL FRAME-$5.00 PER WEEK

PAYMENT INFORMATION

DATE RECEIVED:_____

APPROVED: YES_____ NO_____ FEE PAID: $_____ RECEIVED BY:_____