



**The 8th Annual
Park City Extreme Soccer Tournament
August 4-6, 2011
2011 Tournament Program Advertising Contract**



PARK CITY SOCCER CLUB CONTACT: _____ **DATE:** _____

TEAM(S) TO RECEIVE CREDIT FOR THIS AD*: _____

BUSINESS ADVERTISING: _____ **CONTACT PERSON:** _____

BILLING ADDRESS: _____

CITY, STATE, ZIP _____

DAY PHONE: _____ **EMAIL:** _____

***ADVERTISER MUST INDICATE TEAM(S) OR PLAYER(S) FOR FUNDRAISING CREDIT TO BE AWARDED; CREDIT MAY BE SPLIT BETWEEN 2 TEAMS.**

ADVERTISEMENT SPECIFICATIONS: PLEASE CHECK PREFERRED AD SIZE

- | | | |
|---------------------------------------|-----------|---|
| <input type="checkbox"/> Full Page | \$ 700 | Live Copy Area = 4.9" wide x 7.5" Tall |
| <input type="checkbox"/> Half Page | \$ 400 | Live Copy Area = 4.9" wide x 3.8" Tall |
| <input type="checkbox"/> Quarter Page | \$ 200 | Live Copy Area = 4.9" wide x 1.9" Tall / Horizontal |
| <input type="checkbox"/> Quarter Page | \$ 200 | Live Copy Area = 2.4" wide x 3.8" Tall / Vertical |
| <input type="checkbox"/> 1/8 Page | \$ 100 | Live Copy Area = 2.4" wide x 1.9" Tall |
| <input type="checkbox"/> Art Fee | \$25-\$50 | Assistance Needed In Creating Ad |

AD SUBMISSION GUIDELINES:

1. Ad materials must be submitted as a high res. PDF.
2. All embedded images (backgrounds, logos, photos) must be CMKY tifs or eps at 300 dpi. If a jpg is submitted, print quality will be very poor on final reproduction.
3. All colors used should be CMKY, no RGB or spot colors.
4. Ads can be created for advertiser at an additional cost of \$25-\$50 depending on size and detail of ad; exact cost will be confirmed prior to beginning work.

SUBMIT AD CONTRACT & PAYMENT NO LATER THAN 6/1 TO:

Shana Hopperstead
2633 Daybreaker Drive, Park City, UT 84098
advertising@pccextremecup.com

QUESTIONS ABOUT RESERVING AN AD?
801.557.9019

SUBMIT ELECTRONIC ARTWORK / AD NO LATER THAN 6/15 TO:

Sue Chapton
graphics@pccextremecup.com

Please write "PCEC Ad Materials" on subject line
QUESTIONS ABOUT PRODUCING AN AD?
801.541.1353

PAYMENT : SEND INVOICE CHECK ENCLOSED * CHECK ON ITS WAY* CREDIT CARD PROVIDED BELOW**

CREDIT CARD NUMBER: _____ EXPIRATION DATE: _____

NAME ON CARD: _____

BILLING ADDRESS: _____

SIGNATURE OF CARD HOLDER: _____

***MAKE CHECKS PAYABLE TO: PARK CITY SOCCER CLUB (PCSC); WRITE TOURNAMENT AD ON MEMO LINE. ** AMEX, DISCOVER, MC & VISA ACCEPTED.**