

AHSRA FINALS AD BOOK FORM

Business Name: _____

Contact Person: _____

Address: _____

City: _____ State: _____ Zip Code: _____

PHONE: _____ EMAIL: _____

CONTESTANT NAME: _____ AHSRA # _____

1. Payment for ad must accompany this form.
2. Email your ads to ahsra.adbook2020@gmail.com
4. Ads must be completed and approved no later to March rodeo.
5. Circle the option you are selecting.

Options:

1. Full Page \$100
2. Half Page (1/2) \$75
3. Quarter Page (1/4) \$50
4. Eighth Page (1/8) \$25
5. Design ad for you \$50

Total \$ _____

Ad designed included? YES NO

Designing for you? YES NO

