

RECITAL PROGRAM AD FORM

LRP STUDIOS, LLC

1672 MISSISSIPPI VALLEY BLVD ☆ SOUTHAVEN, MS 38671 ☆ WWW.LRP-STUDIOS.COM

NAME:

ADDRESS:

CITY STATE ZIP:

CONTACT AT:

____ LINE AD \$10 ____ 1/8 PAGE \$25 ____ 1/4 PAGE \$45 ____ 1/2 PAGE \$80 ____ FULL PAGE \$150

PAYMENT ENCLOSED: ____ CHECK# ____ CASH ____ CREDIT CARD (see below)

CARD # _____ EX. DATE _____ CVS _____ (IF BILLING ADDRESS AND/OR NAME IS DIFFERENT
FROM ABOVE, PLEASE LEAVE CORRECT INFORMATION IN THE COMMENTS SECTION)

PLEASE SUBMIT DIGITAL FILES. YOU CAN ENCLOSE A CD OR EMAIL FILES TO lori@lrp-studios.com IF YOU JUST WANT TO SUBMIT A DIGITAL FILE FOR A PORTION OF THE AD, OR WANT US TO CREATE, PLEASE LEAVE INSTRUCTIONS BELOW.

INSTRUCTIONS AND/OR COMMENTS:

DANCE + GYM + VOICE + ACTING

THANK YOU!

LRP STUDENT'S NAME _____