CONTACT INFORMATION

Business/Company Name			
Owner/Manager First & Last Name		Owner/Manager Phone Number	
Preferred Contact Person – First & Last Name		Preferred Contact Person Phone Number	
Preferred E-mail			
Business/Company Address		City/State Coach Playe	Zip r Parent
Parkview Contact Name – Sign Solo	By Name	Other:	
PAYMENT OPTIONS			
Football Business Sign - \$500	Home Game Spor	nsor* (\$1,500) Scor	eboard Sign* (\$2,500)
Check (made payable to PBS-Fo	otball) Credit	Card – <u>Click here</u> to pay	online or complete below
Credit Card Number (Accepted Card	ds – MasterCard Visa	Discover American Exp	press)
Name as it appears on card	Exp. Date	Billing Zip Code	Security Code – 3 or 4 digits

SIGN ARTWORK REQUIREMENTS

42" H by 96" W, color artwork/logo – high-resolution, EPS preferred
Kindly submit by **Friday**, **July 14**, **2023** (early display) and FINAL deadline is **Friday**, **August 18**, **2023**

Questions? Contact Kelly Phillpott, Director of Development, at 225-235-1611 or giving@parkviewbaptist.com.

*Quantities limited - first come, first served.