

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	Zip Parent
Parkview Contact Name –Banner Sold By N		Other:	
PAYMENT OPTIONS			
Stadium Business Banner - \$500	General So	ccer Donation:	_
Check (made payable to PBS-Soccer)	Credit Card	Pay onlin	e
Credit Card Number (Accepted Cards – Ma	sterCard Visa Dis	cover American Expr	ress)
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, November 1, 2024.

Questions? Contact Kelly Phillpott, Director of Development, at 225-291-2500 ext 117 or giving@parkviewbaptist.com.