## **RECITAL PROGRAM TRIBUTE FORM**

Dance Student's Name:		
(Please PRINT the student's name as you would like it	t to appear in the program book.)	
Parent's Name: Person or Business Sponsoring the Tribute Ad:	Contact No.	
<b>Complete if applicable:</b> As a representative of the above listed but along with a picture of the above listed dance student in the Recital	siness, I hereby give permission for our advertisen l Program Book of Legacy Dance Center.	nent to be published
Signature:	Date:	
Size of Ad: (Select One)		
One Quarter (1/4) Page		\$75.00
(Includes Name, One Photo, One Line Sentiment, C	Closing)	
One Half (1/2) Page	•••••	\$90.00
(Includes Name, One Photo, One line Sentiment, C Photos, One Line Sentiment, and Closing.)	Choice of Business Card and closing O	R Name, Two
One (1) Full Page		<b>\$ 125.0</b> 0 Sentiment)
One (1) Full Page PREMIUM	•••••	\$ 150.00
(Includes Name, Up to Five Photos, Business Card	l Scan, Multiple Line Sentiment & Clo	sing)
*Upgrade your Tribute to "FUL	LL COLOR" for ONLY \$50 MORE	0!
Please include with Tribute Form:		
DIGITAL FILE NUMBER(S):	of the photo	o(s) vou would like
in the ad. *The Digital Number will be located next to		
your receipt. AD INSTRUCTIONS: (PRINT CLEARI	LY below what you would like your one-li	ne sentiment to
say, or design your own page and submit it by email, zi	=	
emailed to LDC at (LegacyDance19@gmail.com) or yo		n it in along with
your paperwork. Please paper clip (do not staple) busin	ness cards to this form.	

**PAYMENT:** Cash or check payments only. Please make checks payable to LDC. And as a clarification, friends and relatives may share a full or half page ad in the Program Book; however, the cost of the ad cannot be shared.

Only siblings can share the cost of an ad.