

The Blue Chip Chorus

of Bergen County

SHOWTIME ORDER FORM

Name: _____ Phone: _____

Address _____

City, State, Zip: _____

E-Mail Address: _____

TICKETS FOR *DID SOMEONE SAY "BROADWAY?"*

Saturday, November 11 at 7:30
River Dell High School
55 Pyle Street, Oradell

Adults _____ @ \$18.00 = \$ _____
 Seniors (65) _____ @ \$15.00 = \$ _____
 Children (12) _____ @ \$15.00 = \$ _____

On line: www.bluechip.bpt.me

Total for Tickets: \$ _____

BUY SOME BOOSTERS - ONLY \$5 PER LINE

Have your name or those of your friends and family listed as contributors.

Or show support by listing your business name. Up to 30 characters per Booster. Print below:

Booster #1: _____

Booster #2: _____

Booster #3: _____

ADVERTISE!

___ Full Page	\$150	___ Inside Back Cover	\$180
___ Three Quarter Page	\$110	___ Inside Front Cover	\$190
___ Half Page	\$90	___ Full Back Cover	\$200
___ Quarter Page	\$65	___ Centerfold	\$300
___ Eighth Page (business card)	\$40	___ Custom	TBD

QUESTIONS? CALL (201) 391-8366 Please put your business card or ad copy in an envelope with this form. No staples, please!

Please make checks payable to
 "The Blue Chip Chorus" and mail to:

Marlowe Marcus
255 Harrison Street
Haworth, NJ 07641