

Senior Ad Order Form

Students Name: _____ Student ID Number: _____

Parent or Submitters Name: _____

Address: _____ City: _____

Zip Code: _____ Day Phone: _____ Evening Phone: _____

Is this a surprise? (Please Circle) **YES** **NO**

If you mark "yes," we will NOT contact your student should we have a question.

Please choose which size of ad you would like:

<input type="checkbox"/>	Full Page	\$250
<input type="checkbox"/>	Half Page	\$175
<input type="checkbox"/>	Quarter Page	\$100
<input type="checkbox"/>	1/8 Page	\$60

**** Please send your money with your completed ad. Ads and payment must be brought to the treasurer's office or mailed to:

Attn: Jackie Walsh
Everett High School
2416 Colby Avenue
Everett WA, 98201

Parent or Submitter's Signature: _____

If you have any questions, feel free to call Kristin Price at (425) 385-4516 or contact Editor Shaylee Vigil EHSYearbook2012@gmail.com