

Dear Parents and students,

Holidays are right around the corner and wanted to give everyone a chance to earn some extra money. We need a team of motivated people to help us sell ad space to our 10th Anniversary banquet program book.

All you need to do is go into businesses that you already frequent. Explain to the owners or managers that their ad will be shown at our biggest event ever with over 200 people expected to attend. We even have several copies of our program book from last year so you can show them the high quality book that we put out. Here is how it works:

Have the checks made payable to: "The Karate Dojo"
Please have them send all advertising info, text and images to: masteralders@tkdojo.com

Cost for ads: 1/2 page Ad =\$50
1 Full page Ad = \$100

Commission structure per ad:

Sell a (1/2) page ad and earn 10% commission

Earn \$5/ad

Sell a Full page ad and earn 15% commission

Earn \$15/ad

With only a few sales you can easily earn \$100 cash!

Dear Business Owner or Manager,

Thank you for purchasing an advertisement in our 10th Anniversary Banquet program book. Please make sure to submit your ad text/image to us no later than December 15th. You can email your ad to masteralders@tkdojo.com

You have a choice between a 1/2 page ad or a full page ad.

1/2 Page = \$50

Full Page = 100

Please enter the ad size you would like here _____ and the amount due here \$ _____.

You may attach a check to “The Karate Dojo” or complete the credit card authorization form below.

*Your ad will also be placed on our digital TV sign in our Dojo

**Your ad will also be placed on our Dojo APP, visible to all members.

The sooner you buy your ad the more exposure you will have. We recommend that you put in a “Congratulations on 10 years in business” and then an exclusive special for all Dojo members when they bring in the ad. If you have any questions please Call Eric or Paul Alders at (732) 367-3656.

Sign and complete this form to authorize The Karate Dojo to make a one time debit to your credit card listed below.

By signing this form you give us permission to debit your account for the amount indicated on or after the indicated date. This is permission for a single transaction only, and does not provide authorization for any additional unrelated debits or credits to your account.

Account Type: <input type="checkbox"/> Visa		<input type="checkbox"/> MasterCard	<input type="checkbox"/> AMEX	<input type="checkbox"/> Discover
Cardholder Name _____				
Account Number _____				
Expiration Date _____				
CVC # _____		Signature: _____		