



PARKVIEW THEATRE

516 West Meadowmere
Springfield, Missouri 65807
Phone (417) 523-9305 Fax (417) 523-9295
www.phstheatre.org

Playbill Advertisement Form

Business or Individual Name _____
Contact Person Name _____
Phone Number _____ Email _____
Business Address _____

Business Website Address _____

Information Concerning Ad: *(Please include a business card, business letterhead, or send a digital ad copy, preferably a high resolution jpeg or png, to assalazar@spsmail.org)*

Season Ad

- Inside Front Pages in color (Seen before any play credit pages) - \$300
- Inside Center Color Full Page (Found in the middle of our cast/crew photos) - \$275
- Inside Color Full Page (Found after cast/crew photos, before PV Theatre information pages) - \$250
- Full Page Black/White - \$200
- Half Page Black/White - \$100
- Third Page Black/White - \$75
- Fifth Page Black/White - \$50

Indicate Payment Agreement: Cash _____ Check# _____ (checks payable to: **PHS Theatre**)
516 W. Meadowmere, Springfield, MO 65807

Contact Person's Signature

Date

Student/Seller's Signature

Date

DETACH FOR RECEIPT

Paid \$ _____ for ad in Parkview Theatre's Playbill from _____ (company)

Date: _____ Seller's Initials: _____

If you have questions, or need more information please contact Amara Salazar at
assalazar@spsmail.org or (417) 523-9305

DEADLINE TO PURCHASE: November 1, 2025
