

**Wish luck to your tiny dancer  
with a personal ad in our upcoming  
*Recital Program.***

Proceeds will support the MJCCA Dance program.

**Full-Page Ad (8.5 x 5.5)  
Including photo and sentiment  
\$75**

**1/2-Page Ad (4.5 x 5.5)  
Including photo and sentiment  
\$50**

**1/4-Page Ad (4.25 x 2.75)  
Including photo and sentiment  
\$25**

**A 5-line ad  
without a photo is available  
for \$15**

**Please submit photo as a jpeg file.  
Deadline to submit orders is May 1, 2010.**



To purchase an ad,  
please contact  
Erin Lesure at 678.812.4049  
or [dance@atlantajcc.org](mailto:dance@atlantajcc.org).

**Half-Page**

**Full-Page**

**Good Luck, Ellen,  
our Baby Ballerina!**



**Love, Mom and Dad**

**Sample 1/4-Page →**

# MJCCA DANCE RECITAL PROGRAM AD FORM

## AD DETAILS

Full-Page  1/2-Page  1/4-Page  5 Lines

Please print your sentiment below:

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Please submit digital image to [dance@atlantajcc.org](mailto:dance@atlantajcc.org) with child's name.

## YOUTH MJCCA PHOTO RELEASE

This is to certify that the undersigned parent/guardian (the "Undersigned"):

Hereby authorizes the MJCCA to include the Minor's photograph, voice or other likeness in photographs, videos, printed or recorded material, including, but not limited to, use on the MJCCA website and on the internet.

I HAVE READ THIS RELEASE, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I AND THE MINOR HAVE GIVEN UP SUBSTANTIAL RIGHTS BY MY SIGNING IT, AND HAVE SIGNED IT FREELY AND VOLUNTARILY WITHOUT INDUCEMENT, ASSURANCE OR GUARANTEE BEING MADE TO ME AND INTEND MY SIGNATURE TO BE A COMPLETE, CONTINUING AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT OF THE LAW.

### UNDERSIGNED

Signature \_\_\_\_\_ Print Name \_\_\_\_\_

Name of Minor Child \_\_\_\_\_ Date \_\_\_\_\_

## PARTICIPANT INFORMATION:

Participant's Name \_\_\_\_\_ Parent's Name *(if applicable)* \_\_\_\_\_

Email \_\_\_\_\_ MJCCA Member # \_\_\_\_\_ DOB \_\_\_\_\_ Age \_\_\_\_\_ Gender M F

Grade \_\_\_\_\_ Preschool Room # *(if applicable)* \_\_\_\_\_ Attends Club J? Yes No

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone # \_\_\_\_\_ Alt. Phone # \_\_\_\_\_

## PAYMENT

Total Amount Due \$ \_\_\_\_\_ Check Enclosed (made payable to MJCCA)  Visa  MasterCard  American Express

Name on Card \_\_\_\_\_ Signature \_\_\_\_\_

Card Number \_\_\_\_\_ Exp. Date \_\_\_\_\_



Return Form To:  
MJCCA, 5342 Tilly Mill Road, Dunwoody, GA 30338  
Or Fax To: 678.812.3932