



Coral Springs High PTSO  
 7201 Sample Rd, Coral Springs, FL 33067  
[www.cshsptso.org](http://www.cshsptso.org) ■ [creeann@cshsptso.org](mailto:creeann@cshsptso.org)

# Banner Program

The Coral Springs High School PTSO is excited to announce our sponsorship banner program Promotion. We invite you to support our school as a sponsor for the 2021-2022 school year, **and we're giving you \$100 off**, if you purchase your banner this month! Sponsors contribute to our annual fund to support programs such as classroom technology, student materials, teacher & staff appreciation, and annual events. By purchasing a banner to support the Coral Spring High School PTSO, your business will gain prominent advertising exposure along the fence next to the school. This special price won't last long, so act today!

If you would like additional information, please contact us by email at [creeann@cshsptso.org](mailto:creeann@cshsptso.org).

<i>Platinum Sponsor</i>	<i>Gold Sponsor</i>	<i>Silver Sponsor</i>
<ul style="list-style-type: none"> <li>• Sample Road</li> <li>• <del>\$650</del> <b>\$550**</b></li> </ul>	<ul style="list-style-type: none"> <li>• Rock Island Road</li> <li>• <del>\$500</del> <b>\$400**</b></li> </ul>	<ul style="list-style-type: none"> <li>• Inside Stadium/Gym</li> <li>• <del>\$400</del> <b>\$350**</b></li> </ul>

- High Quality White Banner with Navy letters / business logo.
- 2019 - 2020 Continuous Display
- PTSO Website and Social Media acknowledgement
- Provide ad copy with what you like the banner to say/look like

*The PTSO welcomes donations of any size! Thank you for supporting our school!*

## *Sponsorship Application 2019-2020*

**Business Name:** \_\_\_\_\_

**Contact Name:** \_\_\_\_\_

**Business Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

**City/State/Zip Code:** \_\_\_\_\_

**Email:** \_\_\_\_\_

*\*\*To take advantage of this special pricing, your completed form must be received with cash or check (payable to CSHS PTSO). You may mail or drop off your submission to the school, or contact us by email to schedule pickup from your business.*

**To be completed by CSHS PTSO:**

**Date Payment Received:** \_\_\_\_\_ **Banner Approved by Sponsor Y/N:** \_\_\_\_\_ **Sold by:** \_\_\_\_\_ **Check Number:** \_\_\_\_\_