

PTA USE ONLY

2017 - 2018



Banner Advertising Agreement

Business Name			School Name Moss Park Elementary 9301 North Shore Golf Club Blvd., Orlando, FL 32832		
Type of Business			Work Location # 1582	Area Name (Please circle) C E N SE SW W District	
Address			Principal Dr. Stephanie Osmond		
City	State	Zip	School Telephone 407-249-4747		
Business Contact Name			Coordinator Christal Feldman		
Position			Position Moss Park PTA Corresponding Secretary		
Telephone	Fax		Cell Phone 407-620-0411 (Christal)	School Fax 407-249-4469	
Email Address			Email Address ChristalFeldm	Email Address ChristalFeldman@Yahoo.com	
Website Address			Website Address	Website Address www.PTAMossPark.com	
Company Facebook Page			Partnership Program: Sponsor		
			Banner Advertising (2017 – 2018 School Year)		
TERMS and CONDITIO			(2017 – 2018	School Year)	
notify vendors if banners are panners. Vendors are not all received. Banners from similar perfore they are displayed. Promitting. MPE PTA reserves MPE PTA or with the standar related types of advertising vere replaced with a new banner.	damaged, sowed to har business lease email so the right to rds of the Civill not be a ser design. It is listed belowed.	so that banners on banners. Bar ses will not be do a digital copy of the reject any band Drange County Forcepted. Existing banner ow or their banner	them, if damaged by weather can be replaced, if needed. MI mers will be displayed in order isplayed next to each other. Be f your banner to President@P">President@P">President@P" which is seen to comply with the seen will be removed. Payments be.	PE PTA will hang the r of when payment is sanners MUST be approved FAMossPark.com before the the mission and goals of al, alcohol, tobacco and other oval, unless the banner will signed agreement and	
COST:	n) Vendor: (\$300 Y	(\$2 Yearly/\$175 Pai	200 Yearly/\$100 Partial Year tial Year)	r)	
			Γ be received no later than F , August 10 th and School Starts o		
Please Make Checks Payab Agreement can also be faxed to			301 North Shore Golf Club B : Christal Feldman/ PTA.)	lvd., Orlando, Florida 32832	
Business Coordinator Signat	ure:			Date:	
PTA Coordinator Signature				Date:	

Agreement Rcvd _____ Banner Approved ____ Payment Rcvd ____ Check # ____ Banner Rcvd ____ Banner Displayed _