

**4th Annual Andrews Valley Music Festival
Souvenir Program Advertising Application
June 27, 2009**

Advertiser Name: _____

Contact Person: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone Number Work (____) _____ **Cell:** (____) _____

Email Address: _____

Best time to contact: _____

Ad size: _____

Payment enclosed: _____ (make checks payable to Andrews Valley Music Festival)

Please submit copy ready Ad by June 15, 2009

The undersigned and/or its representatives and agents release and hold harmless the Andrews Valley Music Festival organizers and staff from any claim that is made against the undersigned as the result of this Advertisement. Upon payment in full a receipt will be mailed which will include a copy of the Andrews Chamber of Commerce tax-exemption notification.

Authorized Signature _____ **Date** _____

KEEP COPY FOR YOUR RECORDS AND SEND FORM TO: Andrews Chamber of Commerce
P.O. Box 800
Andrews, NC 28901

For questions please contact the Andrews Chamber of Commerce @828-321-3584