



**Babe Ruth League, Inc.**



# Bullpen Insertion Order

## CONTACT INFORMATION

Name \_\_\_\_\_  
 Company \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

## AD INFORMATION

Insertion Dates      Jan \_\_\_\_\_ March \_\_\_\_\_ June \_\_\_\_\_ Sept \_\_\_\_\_  
 Ad Size                1/4 \_\_\_\_\_ 1/2 \_\_\_\_\_ Full \_\_\_\_\_  
 Color                  B&W \_\_\_\_\_ Color \_\_\_\_\_  
 Appropriate Rate    \_\_\_\_\_

Please sign the Insertion Form and return to Babe Ruth Headquarters for processing. This order is governed by the terms and conditions listed above as well as the attached Babe Ruth Bullpen Rate Sheet.

\_\_\_\_\_  
*Name*

\_\_\_\_\_  
*Company*

\_\_\_\_\_  
*Date*