<u>Lezzer Lumber Classic Player Packet</u>

DUE DATE:

February 28, 2023 or sooner

Page 1 -Congratulations Letter

Page 2 -Checklist (You may keep page 1 & 2)

February 28, 2023 or sooner

Page 4&5 -Agreement and Acceptance of Invitation -Player Consent and Release

Just return page 4 & 5 to Larry Wiser (NORTH) or Tom Shearer (SOUTH) with Physical Papers from the Athletic Trainer....plus 6, 7,8 and 9.

April 15, 2023

Page 5 -Player Information/ PRESS RELEASE
Page 6&7 -DRAYER Medical Release Form (this form goes to Head Trainer for completion and attach the Physical papers)
Page 8 & 9 -Medical and Insurance RED PAGES are to be DELIVERED to Larry W. or Tom S.
Page 10 & 11 -Sponsor and Booster Club Program ad Page (*** Page 10 can be delayed a couple of weeks if other pages are submitted***)
Page 12 -Custom Business Advertising Form -This page may be of interest to some parents---

Page 13 – Parent Patron Ad or Business Card Form Page 14- Pre-Order Sales, Fan Advertising, DVD Order

LEZZER LUMBER H.S. FOOTBALL ALL-STAR GAME 2023

Central Pennsylvania Football Coaches Association (Pg. 1) 39TH LEZZER LUMBER FOOTBALL CLASSIC

Larry Wiser, North Game Director 164 Westwood Dr. Clarion, PA 16214 Cell: 814-758-1300 Email: <u>lwiser72@gmail.com</u> Tom Shearer, South Game Director 211 Betty Circle Reedsville, PA 17084 Cell: 717 250- 1535 EMail: shearertom70@gmail.com

February 16, 2023

Dear Classic Player:

Sincere congratulations from the Central Pennsylvania Football Coaches' Association for being selected to play in the **Thirty-ninth Annual Lezzer Lumber Football Classic**. As a graduate, you will have an opportunity to practice and play one more high school football game. This time, many of your teammates will be former opponents.

The game is set to be played Sunday, June 11th', 2023 @ Tyrone Memorial Field. .

Practices will begin **"around"** May 30 (meet & greet) through June 10th, 2023. The Head Coach of your squad will pin down exact dates later**NORTH**, Spank Trexler **SOUTH**, Aaron Batzel. Since you will be out of school, your practice times may possibly be in the evenings the week before. <u>Don't let missing a practice or two keep you from playing in this game.</u>

You will need to make arrangements to borrow equipment from your high school coach, and secure the following pieces of equipment which are not provided by the game:

	1 7 6	
Helmet	Shoulder Pads	Girdle/Hip Pads
Knee/Thigh Pads	Practice Jersey	Practice Pants
Mouthpieces	Shoes (if available)	Socks
Supporter	Any Special Pads	Water Bottle
1 Pair New White or G	ray Pants to be used as game p	oants

Once again, congratulations on being selected to the Lezzer Lumber Football Classic. Please call or e-mail me if you have questions. We are looking forward to meeting you in preparation for the game. Practice sites and times will be given to you in the April 2023. (North tentatively P-O / South tentatively Altoona)

Sincerely yours, Larry Wiser & Tom Shearer, Co-Game Directors

	Game Week Important Dates
June 4 or 5th	Orthopedic Physicals Submitted
June 4th or 5th	Video/Photographs during that Practice
1 in late May, then June 5-10	Practice Sessions (times determined later)
June 4 or 5th	Players receive Hats/T-Shirts/Tickets as ordered
June 11 th (Sunday)	Lezzer Football Classic Game @ TYRONE MEMORIAL HS Field

REMEMBER: There is an ALTERNATE list of players that want to play in this game. <u>If you can't play</u>, then let us know <u>immediately</u> so we can fill your spot.

REQUIRED FORMS AND PROCEDURES

(**Pg. 2**)

Due Date		
	INTRO LETTER – Keep for your records	PAGE 1
	CHECKLIST – Keep for your records	PAGE 2
February 28	Agreement and Acceptance of Invitation	PAGE 4
E February 28	Parent Consent and Release	PAGE 4
up to MARCH 30 th	Player Sponsor Form (VERY IMPORTANT)	PAGE 10 **
These pages DUE APRI	L. 15 rd	
up to April 15 th	Player Information/ PRESS RELEASE	PAGE 5
up to April 15 th	DRAYER Release Form	PAGE 6
up to April 15 th	Drayer Concussion Instructional Sheet	PAGE 7
	Give these signed RELEASE forms (Pg 6 &7) to you	<mark>ır high school</mark>
	Trainer so they can attach them to your Physical pa	pers.
🔲 up to April 15 th	Player Medical History	PAGE 8 A&B
up to April 15 th	Insurance Information	PAGE 9
up to April 15 th	Booster Club Advertising Form	PAGE 11
up to April 15 th	Optional: Custom Business Advertising—Form	PAGE 12
up to April 15 th	Optional: Parents Patron OPPORTUNITY	PAGE 13
up to MAY 15 th	Optional: Pre-Sales / Optional Items / DVD Orders	PAGE 14
**** If two almost and an and the	ame number the player neturning all forms of DACVI	

****<u>If two players want the same number, the player returning all forms of PACKET #1 quickest will be</u> given FIRST choice of his game jersey number.

Each player is expected to have all forms (pg. 4, 5, 6, 7, 8A&B, 9, 10, and 11) submitted by APRIL 15th (the *HARD DEADLINE*). If a player does not have the required forms, he will be given a one week notice to complete all forms. If the required forms are not returned, the player will be dropped from the Lezzer Football Classic roster and the coach will then go to his ALTERNATES list.

If, at any time, a Player decides not to participate in the Classic, it is the responsibility of the player to notify the Game Director or the All-Star Head Coach as soon as possible. If the player drops out of the Classic on or after April 15th, the sponsor fee will not be refundable and it will be the parent's responsibility to pay/reimburse the sponsor's \$150 sponsorship fee.

IMPORTANT: Corporate Sponsor (\$150) **PAGE 10** can be delayed a couple weeks as long as the pages (5, 6, 7, 8A&B, 9) are completed **by APRIL 15th**. We realize getting a sponsor doesn't happen overnight. At least get the other pages sent to North: Larry Wiser or South: Tom Shearer.

DON"T worry about the check if it's late--- just get your papers submitted!! Be thinking about it <u>NOW</u> -----this money is the backbone of our game.

Due Date- February 15th

Return to:

Tom Shearer	211 Betty Circle	Reedsville, PA 17084	717-667-6915	717 250- 1535	shearertom70@gmail.com
Larry Wiser	164 Westwood Dr.	Clarion, PA 16214	758-1300	814-758-1300	Lwiser72@gmail.com

LEZZER LUMBER FOOTBALL CLASSIC PLAYER <u>FACT SHEET</u>

(**Pg. 3**)

<u>Equipment</u>- You will need to make arrangements with **your high school coach** to get the following pieces of equipment:

HelmetShoulder PadsGirdle/Hip PadsKnee/Thigh PadsPractice JerseyPractice PantsMouthpiecesShoes (Field Grass)1 Pair New White Pants*Be sure to arrange for return of this equipment before the football season

<u>Personal Items (you provide)</u> - socks/athletic supporter/practice T-shirts, water bottle and shorts. You will be practicing two sessions most days.

Pictures will be taken <u>Monday or Tuesday, June 5 or 6th</u> (see schedule below) - <u>Game Jersey</u>, (2) complimentary Game Tickets, and complimentary T-Shirt will be given to you on picture day.

<u>Physical Conditioning</u> -- Please report to practice in good physical condition. Not only is it risky for you not to be in "shape", but it would be unfair to your teammates and coaches.

<u>Shoes</u>- The game will be played at TYRONE MEMORIAL HS. The stadium has a "Natural Grass" --If you cannot be present for team orthopedic evaluation on the first day of practice, you must report to the Athletic Trainer prior to your first practice session. If you miss pictures –chances are "slim" that we can replace it!

Practice Dates/Sites

North- June 4th to June 10, 2023	South- June 4th to June 10, 2023
Practice Site: Clearfield	Practice Site : Hollidaysburg HS
Sunday, June 11 GAME Times TBA	Sunday, June 11 – GAME Times TBA

Pictures – June 4 or 5th, 2023 Break meals will be provided

Pictures – June 4 or 5th, 2023 Break meals will be provided

Coa	aches
<u>North</u>	South
Head Coach E	Iead Coach
NORTH – Jimmy Thompson	SOUTH- Aaron Batzel
Cell # 814-762-3158	Cell # 814-979-5030
Email address – jthompson@curwensville.org	Email address: aaronjbatzel@gmail.com

Questions or Concerns:

Game Director:

Tom Shearer	211 Betty Circle	Reedsville, PA 17084	717-667-6915	717 250- 1535	shearertom70@gmail.com
Larry Wiser	164 Westwood Dr.	Clarion, PA 16214	758-1300	814-758-1300	Lwiser72@gmail.com

GAME TIME & SITE: Sunday, June 11, 2023 at TYRONE MEMORIAL (time TBD)

Lezzer Lumber Football Classic

Agreement and Acceptance of Invitation to Participate

I agree to report for and follow the practice schedule, participate in all activities, and follow all regulations which may be established by the organizers and consultants of the game. Further, I will exercise care in the pursuit of good safety and health practices in all activities involving the game and practices.

It is understood that football is a violent physical activity. I hereby release the Central Pennsylvania Football Coaches Association, all game sponsors, and the game consultants from all liability for injuries or losses of any kind which may occur in connection with my participation in the Lezzer Lumber Football Classic, directly and/or indirectly. This includes any travel associated with said contest, and any losses of any kind which may result from any act or omission of the Central Pennsylvania Football Coaches Association, the game sponsors, and the game consultants.

Dated_

Participant's Signature

Parental Consent and Release

We are aware that our son has been selected to play in the Lezzer Lumber Football Classic. We consent to his Participation, and in consideration for the invitation and the benefits provided to him, release the Central Pennsylvania Football Coaches Association, the game sponsors, the coaches, and the game consultants from all liability or losses of any kind which he might sustain as a result of any activities in which he participates in connection with the game. This includes transportation to and from practices and games, any injuries incurred in any practice, in or on the facilities provided during the week of said practices, or injuries incurred during the game regardless of whether the injury or loss resulted from any act or omission of the Central Pennsylvania Football Coaches Association, game sponsors, the coaches, or the game consultants. *If the player drops out of the Classic on or after April 20th, the sponsorship fee becomes non-refundable and it becomes the parent's responsibility to reimburse the sponsor's \$150 fee.*

Dated _____

Parent or Guardian

Parent or Guardian

DUE DATE: February 15, 202

Return to:

Tom Shearer	211 Betty Circle	Reedsville, PA 17084	717-667-6915	717 250- 1535	tshearertom70@gmail.com
Larry Wiser	164 Westwood Dr.	Clarion, PA 16214	758-1300	814-758-1300	Lwiser72@gmail.com

DUE DATE – FEBRUARY 28, 2023

PLAYER INFORMATION / CLASSIC

FOR PRESS RELEAS

Please provide the following information so we may use it for the compile lists and press releases as necessary for the Classic. Don't be shy, as we are proud of the athletes representing their schools in the Classic.

Player's Nam	le	
School		
Parent/Guar Phor	dian Name	
Cell	Players Cell	
<u>Size</u> to Ord	er by Player: Game Jersey T-Shirt	
PREFERRED <u>(</u>	GAME JERSEY NUMBER 1 st CHOICE 2 nd CHOICE	3 rd
PARENT EMA	AIL ADDRESS	(PRINT)
PLAYER EMA	IL ADDRESS	(PRINT)
	: List College / Trade	
	Area of Study	
	Armed Services – Branch	
	Work – Type of Work)	

CLASSIC PLAYER INFO

DUE DATE – FEBRUARY 28, 2023

DUE: APRIL 30





ATHLETE AUTHORIZATION TO RELEASE INFORMATION

The content of my medical record is confidential and protected under state and federal law as per the HIPAA Notice of Privacy Practice posted in the school athletic training room. I understand that in an effort to provide quality athletic training services and maintain my safety, it is imperative that the athletic trainer for Lezzer

Lumber Football Classic, who is employed by Drayer Physical Therapy Institute (DPTI), and any other DPTI employee who assists the athletic trainer with my care, keep other Lezzer Lumber Football Classic personnel informed, on a need to know basis, of my health care status and pertinent health care needs related to my participation in the game.

Therefore, I, or my parent/legal guardian, hereby authorize the use or disclosure of my individually identifiable health information as described below. I understand this authorization is voluntary. I understand that if the organization authorized to receive this information is not a health plan or health care provider, the released information may no longer be protected by federal privacy regulations, and that it may be re-disclosed by the recipient.

Student Athlete's Name:

Date of Birth:

Organization Providing the Information: DRAYER PHYSICAL THERAPY INSTITUTE

Organization(s) or Person(s) Receiving the Information: Head Coach, Assistant Coach(es), Team Physician, Equipment Manager, Representatives from Lezzer Lumber Football Classic., Other:

Specific Description of Information Disclosed: $\sqrt{}$ Athletic Training Medical Record

Purpose of Disclosure: Coordination of Athlete's Athletic Training and Medical Services in conjunction with participation in The Lezzer Lumber Football Classic and related activities.

This Authorization is not for marketing purposes.

By signing and initialing the following statements, I <u>authorize</u> the release of such information to the persons listed above.

- I understand this Authorization will expire one year from the date of signature or on the following event: Termination of the 1. student athlete/athletic trainer relationship. Initials:
- 2. I understand that I may revoke this Authorization at any time by notifying DPTI's Privacy Officer in writing, but if I do, it will not have any effect on any actions DPTI took before they received the revocation. Initials:

(Authorize)		
Signature of Athlete, Athlete's	Date	Relationship to Student Athlete
Parent or Legal Guardian		

You may refuse to sign this Authorization. We cannot condition treatment on your signing this Authorization.

By signing and initialing the following statements, I do not authorize the release of such information to the persons listed above.

- I understand that by not signing this Authorization, I have limited the athletic trainers' ability to release specific health 3. information regarding injuries sustained or pre-existing conditions, on a need to know basis, to the persons listed above. Initials:
- 4. I have read and understand the purpose of this form and DO NOT authorize the release of such information to the persons listed above. Initials:

(Decline)		
Signature of Athlete, Athlete's	Date	Relationship to Student Athlete
		Parant or Logal Guardian

Parent or Legal Guardian

Accounting of Disclosures

For Internal Use Only

Specific PHI Released (if other than Date of Release by DPTI Released By Date (w/in 60 days of request) Request is Made entire record (employee's signature)



CONCUSSION INSTRUCTIONAL SHEET



A concussion is a bump, blow or jolt to the head or body in which the brain moves quickly back and forth inside the skull causing a "mild" traumatic brain injury.

SIGNS & SYMPTOMS

COGNITIVE (THINKING/REMEMBERING): Difficulty concentrating, difficulty remembering, confusion, feeling slowed down, feeling "in a fog" **PHYSICAL:** Headache, nausea or vomiting, dizziness, blurred vision, neck pain, fatigue or low energy, sensitivity to light or noise, balance problems **EMOTIONAL:** Irritable, sadness, emotional instability, nervous or anxious

SLEEP: Sleeping less or more than usual, drowsiness, trouble falling asleep

WHAT SHOULD I DO?

- » Remove the athlete from play immediately and seek medical attention
- » Never return to sports or recreational activities on the same day the injury occurred
- » Seek guidance from a healthcare professional experienced and trained in the evaluation and management of concussions to guide a step-based return to activities progression including work, school and play.
- » Take time to get better The brain needs time to heal. Limit activities involving physical and cognitive exertion, such as watching TV, video games, working on computer, texting, driving a car and exercise. Such activities can cause the signs and symptoms of a concussion to worsen or prolong the healing process. These activities should be carefully managed and monitored by a health care professional.
- » Make sure that a concussion is reported. Repeat concussions in young athletes can result in more traumatic injuries involving increased swelling or permanent damage to the brain.

If the following symptoms worsen or develop, please contact your doctor or the nearest hospital emergency department immediately.

- » Drowsy and cannot be awakened
- » Weakness, numbness or decreased coordination
- » Pupils becoming unequal in size
- » Increasing confusion, restless

» Repeat vomiting or nausea » Convulsions or seizures

» Worsening headache

- » Slurred speech or inability to speak
- » Inability to recognize people or places
- » Loss of or fluctuating level of consciousness
- » Increasing irritability, agitation, unusual behavior

DO NOT: ____

- » Drink alcohol
- » Use prescription or OTC drugs without medical supervision
- » Drive a car or operate machinery
- » Engage in physical activity that makes symptoms worse (eg. exercise, weight lifting, sports)
- » Engage in mental activity that makes symptoms worse (eg. TV, video games, texting)

IT IS OK TO: _

- » Use ice packs on head and neck as needed for comfort
- » Eat a carbohydrate-rich diet
- » Go to sleep
- » Rest (no strenuous mental or physical activity)

IF YOU HAVE QUESTIONS OR CONCERNS, PLEASE CONTACT YOUR ATHLETIC TRAINER
ATHI FTIC TRAINER.

CONTACT: _____

I acknowledge that ATC reviewed management of signs and symptoms for concussions and received the concussion instructional sheet.

PRE-PARTICIPATION HISTORY AND PHYSICAL EVALUATION

(**Pg. 8-A**)

(Accurate completion helps our trainer to be prepared for treating your son)

	(First Name, MI, Last Name)	
	MEDICAL HISTORY	
Chronic Illness (Dial	oetes, Asthma, Other)	
easonal or Food All	ergies or other known	
llergies (bee sting o	-	
Current Medications		
Chronic Injuries/ Su	rgeries/ Fractures etc.	
	zures/ Blood Pressure	
r other Medical Pro		
amily History (Stro	ke/ Heart Attack/	
leart Disease)	<u></u>	
Date of Last Tetanus	s Shot	
ate of Last Measles	Immunization	
Explain "YES" Ansy		_
·	een Hospitalized? Y	
Have you ever h	ad surgery? Y	N
Have you ever p	assed out during or after exercise? Y	N
	ad chest pains during or after exercise? Y	N
	een dizzy during or after exercise? Y	
•	e quickly than your friends during exercise Y	
v	ad high blood pressure? Y	
·	een told you had a heart murmur? Y	
•	ad racing of your heart or skipped heart beats? Y	
Has anyone in y age 50?	our family died from heart problems or a sudden death before Y	N
Do you have any	y skin problems (itching, rashes, acne)? Y	N
Have you ever h	ad a head injury? Y	N
	een knocked out or unconscious? Y	N
Have you ever h		
Have you ever h	ad a stinger, burner, or pinched nerve? Y	N
Have you ever h	ad heat or muscle cramps? Y	N
Have you ever b	een dizzy or passed out in the heat? Y	N
Do you have tro	uble breathing or cough during or after activity? Y	N
·	pecial equipment (pads, braces, neck rolls, etc.)? Y	

Do you wear glasses or contacts or protective eye wear?

9	Have you ever sprained/ strains, dislocated, fractured, broken or had repeated	Y	Ν
	swelling or other injures of any bones or joints?		
	Dlagg Charly all that Apply		

	Ple	ease Cneck all that	Арріу	
Head	Shoulder	Thigh	Neck	Elbow
Chest	Forearm	Shin/ Calf	Back	Wrist
Ankle	Hip	Knee	Hand	Foot

- 10 Have you had any medical problems (infectious mononucleosis, diabetes, etc.)? Y N
- 11 Have you had any Medical problems or injuries since your last school/ sports Y N or medical evaluation?

Explain "YES" answers:

LEZZER LUMBER CONCUSSION PROTOCOL

If a head injury/concussion is suspected during practice or a game, the following protocol will be implement:

1/ Athlete removed from game/practice following signs/symptoms of concussion.

2/ No return to play in current game/practice if concussion is suspected.

3/ Medical Evaluation by an Appropriate Medical Professional

4/ Contact parents/guardians with educational materials and specific instructions (Head Inj. Info Sheets)

a/ Recommend Physician Referral

5/ Stepwise Return to Play. Each stage, unless directed otherwise by evaluating physician, will be decided by the trainer and team doctor

Any recurrence of concussive symptoms during exercise will result in a 4-day rest

1/complete rest & no activity until asymptomatic symptoms return 2/ Light aerobic exercise 3/ sport-specific training. 4/ Non-contact drills, 5/ Full Contact drills, 6/ Game play (must have written clearance by physician)

We Hereby State that, to the best of our knowledge, the answers to the above are correct and accurate.

Signature of Player

Signature of Parent

Date

DUE DATE: FEBRUARY 28, 2023

Send to

Send to:						
Tom Shearer	211 Betty Circle	Reedsville, PA 17084	717-667-6915	717 250- 1535	tes26@mcsdk12.org	
Larry Wiser	164 Westwood Dr.	Clarion, PA 16214	758-1300	814-758-1300	Lwiser72@gmail.com	

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(**Pg. 8-B**)

Spell exactly how you want to be listed in game program

Insurance Information and Medical Treatment Permission

The insurance we purchase for the Lezzer Lumber Football Classic is a secondary to insurance already covering a participant. This means that any other insurance is used first, then our policy begins coverage. The company must be informed how many players are covered by other insurance and how many are not – there is a different fee schedule for each type.

This is why we are asking for the following insurance information.

Name of Insurance Company_____

Group Name _____ Group Number _____

Name of Primary Policy Holder _____

Most of our players are over 18 years old. However, the following permission helps ensure a smoother access to treatment should that be necessary.

We give permission to the Trainers and staff of the Lezzer Lumber Classic to authorize necessary first aid and emergency treatment in the event we cannot be reached in person.

Printed Player Name		Date	Printe	ed Parent/Guardian Name
Playe	er Signature	Date	Paren	t/Guardian Signature
Cell I SEND To:	Phone Number	Emergene	cy Contact Inf	formation
Tom Shearer	211 Botty Circle	Roodsvillo PA 17084	717_667_6015	717 250 1535 shearertom70@gmail

Т	om Shearer	211 Betty Circle	Reedsville, PA 17084	717-667-6915	717 250- 1535	shearertom70@gmail.com
L	arry Wiser	164 Westwood Dr.	Clarion, PA 16214	758-1300	814-758-1300	Lwiser72@gmail.com

******VERY IMPORTANT PAGE****** Your Sponsor Page Every Player Needs to Procure a \$150 Sponsor



Each year, we ask players selected to the Classic to find a Business "sponsor" for the game program. The sponsor ad is a **one line** (23 characters) **recognition with your picture in the game program.** Since most people will look at the player pictures often, it is the best ad in the program!

Should you have difficulty finding a sponsor, check with your coach for assistance. <u>Some players</u> find multiple sponsors which can still add up to \$150. This is a critical part of our program preparation, so please start to work on it.

IMPORTANT! Please read on this PACKET's cover page about your two pictures to be emailed to Mr. Irwin (Senior Picture and one in football uniform). Rob's email is: <u>rirwin3@comcast.net</u>

Player Sponsor Forms -- Due MARCH 30, 2023

Players Name		
Player's Parent(s) Name		
	e listed in the Game Program)	
Sponsor's Name	Phone	
Sponsor's Address		
STREET	Town, State	Zip
Sponsor's Email Address		
Sponsor's one line identification (Nan (Please Print – Li	ne of Business) exactly as desired imit 23 characters per line)	d in the program.
PLAYER SPONSORSHIP COST \$150. (Payment Due March 1 st)	. <mark>00</mark> Check for \$	enclosed
*** NEED HELP: If you can't find a spo sponsors are the 'backbone' of the game.		or \$75 <u>these</u>
*** Make Check payable to: Central Penr *** Each <u>Player Sponsor</u> will receive 5	-	

Program.

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C.P.F.C.A.

Lezzer Lumber Football Classic Booster Club Advertising Form – DUE APRIL 15, 2023 All CPFCA Member Schools Must Purchase At Least a Half-Page Player Game Program Ad

CUSTOM ADVERTISING:

& 6 Game Programs	\$175 8" X 5" Plus 8 Game Tickets & 4 Game Programs	2 Game Programs	
CAMI	ERA READY PREFE	KKED	
Please enter your ad as follows:			
Full-Page Ad \$225	Same As Last Ye	ear Yes No	
Half-Page Ad \$175	5 Same As Last Ye	ear Yes No	
Contact Person			
Address	City	Zip	
Phone			
U	ob Irwin O Box 1125		

Lemont, PA 16851



C.P.F.C.A. Lezzer Lumber Football Classic Business Advertising Form

CUSTOM BUSINESS ADVERTISING--FORM–DUE APRIL 15:

FULL-PAGE AD \$225

8" X 10"

Plus 12 Game Tickets

HALF-PAGE AD

\$175 8" X 5" Plus 8 Game Tickets & 4 Game Programs

QUARTER-PAGE AD

\$125 4" X 5" Plus 4 Game Tickets & 2 Game Programs

& **6** Game Programs

CAMERA READY PREFERRED

BUSINESS CARD ADS: \$40

Reproduction of business card in Game Program -- Plus 3 General Admission Tickets & 1 Game Program

Please enter your ad as follows:

Fu	ll-Page Ad \$225	Camera ready enclosed	Yes	No
На	alf-Page Ad \$175	Camera ready enclosed	Yes	No
Bu	usiness Card Ad \$40	Business Card enclosed	Yes	No
Contact Person				
Address		City		_Zip
Phone				
Mail Advertisin	ng form to: Rob Irwin			

Rob Irwin PO Box 1125 Lemont, PA 16851 (**Pg. 12**)



C.P.F.C.A.

Lezzer Lumber Football Classic -- Parent/Fan Advertising Form DUE APRIL 15, 2023

BUSINESS CARD ADS: \$40

Reproduction of business card in Game Program --Plus 3 General Admission Tickets & 1 Game Program

PATRON ADS: \$25

Listing as patron in Game Program --Plus 2 General Admission Tickets & 1 Game Program

	Business Card Ad \$40	Business (Card enclosed:	Yes No)
	Patron Ad \$25	Patron Listing:	(Space is	limited to box)	
Contact Per	son		· •		
Address					
City			Zip		
Phone					

Mail Advertising form to: Rob Irwin, PO Box 1125, Lemont, PA 16851



LEZZER LUMBER CLASSIC

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PRE-SALE ORDER FORM / OPTIONAL ITEMS

[This page <u>can be</u> submitted <u>anytime</u> before May 25, 2023]

***TICKETS PRE-		(PLAYER) DAY - \$8.00 TOTALS	
(in addition to the 2 compliment		TICKET TOTALS	
***T-SHIRTS	PRE-SALE - \$12.00	GAME DAY- \$14.00	
	(SIZES (SIZES (SIZES) @ \$12.00	
***HATS (Standard	: Lezzer Football Logo only		
	PRE-SALE - \$15.00	GAME DAY - \$20.00	
NAVY (North) RED ((South) @ \$15.00	OTAL
+ Name + Number _ ***COACHING (Pol	th) @ \$2.00 @ \$2.00	RED (South)	@ \$2.00 @ \$2.00 OTAL
the past. DVD should be	DVD OF DV er Lumber Football Classic will t e distributed by August 1 for all o f players, 100's of game action p	MBER CLASSIC D = \$30 be available. The full color video has lorders received before July 20. DVD i ictures, half-time and post-game cerem	ncludes player
PLEASE MAKE CHECKS	PAYABLE TO CPFCA	GRAND T	OTAL

Please return this order to: Rob Irwin – PO Box 1125, LEMONT, PA 16851