



HONEYMOON ISLAND BLUEGRASS FESTIVAL 2024 PROGRAM ADS



The 2024 Honeymoon Island Bluegrass Festival is December 7, 2024 at Honeymoon Island State Park, Dunedin, FL 34698. Our program for the event includes band descriptions, music schedule, map of the Park, description of support by Friends of the Island Parks, and ads by community supporters.

If you wish to support this event, you can choose to advertise your business or organization in the program. The program for the festival will be a half fold 5.5" x 8.5", with ads sizes:

- Full page - 5x8 - \$500
- Half page - 4x5 - \$250
- Quarter page - 2x5 - \$100
- Business card – 2x3.625 \$75

Ads must be in camera ready copy or in PDF format. Please send your check to FIP with a copy of the ad and email your ad copy to Jean Barnes at jeanbarnes@aol.com. Deadline is Friday, Nov. 1, 2024.

Checks are made out to: ***Friends of the Island Parks, Inc.***
Mailing address is: Friends of the Island Parks/Bluegrass, 1 Causeway Blvd., Dunedin, FL 34698

Advanced Tickets/Event Web Site:
<http://www.honeymoonislandbluegrass.com>

Event Facebook:
<https://www.facebook.com/honeymoonislandbluegrassfestival>

Friends of the Island Parks Contact: Bob Fortner, President, Friends of the Island Parks, 1 Causeway Blvd, Dunedin, FL 34698, president@islandparks.org or Rotary Centennial Nature Center at 727-276-4024,

Friends of the Island Parks

**HONEYMOON ISLAND
BLUEGRASS FESTIVAL**
DECEMBER 2, 2023
HONEYMOON ISLAND STATE PARK
1 CAUSEWAY BLVD
DUNEDIN, FL 34698

Friends of the Island Parks, Inc.
in Support of the
Honeymoon Island and Caladesi Island State Parks
1 Causeway Blvd.
Dunedin, FL 34698
727-276-4024
<http://friendsoftheislandparks.org>

HONEYMOON ISLAND BLUEGRASS FESTIVAL PROGRAM AD APPLICATION

Please PRINT

Name _____ Address _____

City _____ State _____ Zip _____ Phone _____

(_____) _____

Email address _____

Ad size (check one)

\$75 Business Card \$100 Quarter Page \$250 Half Page \$500 Full Page

Additional Contribution _____

Payment options:

Check Cash Credit Card (Fees apply)

Credit Card No _____ Exp. Mon _____ Year _____

CRV code _____ Billing Zip _____

Check payable to *Friends of the Island Parks*, 1 Causeway Blvd., Dunedin, FL 34698