

**2018 SCBCA ALL-STATE /  
NORTH-SOUTH ALL-STAR BASKETBALL CLASSIC GAME PROGRAM  
DO YOU WANT TO BE IN PICTURES???**

**Advertise your “Super Star” in the  
2018 SCBCA All-State & NORTH-SOUTH ALL-STAR BASKETBALL CLASSIC  
GAME PROGRAM BOOK**

**How to Submit Advertising:**

- **Please feel free to create your own ad. A basic template & dimensions are that of a normal sheet of paper.**
- **Your school’s technology department can assist you in creating your ad. Digital pictures/digital files are the best for clarity. They must be in a jpeg file. E-mail the picture, with name of player(s), to: [SCHoopCoaches@gmail.com](mailto:SCHoopCoaches@gmail.com)**

***Deadline for all copy is MONDAY, March 12***

**We ask ads be sent to us electronically via e-mail: [SCHoopCoaches@gmail.com](mailto:SCHoopCoaches@gmail.com)**

**We understand that it often takes time for a school to process payment for the ads. We are requesting ALL payments must be received by *MONDAY, March 12*, but if you have an issue with this deadline please contact us so we will work something out for you.**

**Please direct all questions regarding advertising to:**

**John Combs**

**E-Mail: [SCHoopCoaches@gmail.com](mailto:SCHoopCoaches@gmail.com)**

**Phone #: 803.348.2365**

**SCBCA**

**PO Box 291511**

**Columbia, SC 29229**

**2018 SCBCA ALL-STATE PROGRAM  
NORTH-SOUTH ALL-STAR BASKETBALL CLASSIC GAME PROGRAM  
PLAYER ADVERTISING FORM**

**PLAYER NAME:** \_\_\_\_\_  
(NAMES MUST BE PRINTED CLEARLY)

**Please check appropriate size ad**

\_\_\_\_\_ **Full Page (7.5" x 10")**                      **\$250**

\_\_\_\_\_ **Half Page (7.5" x 5')**                      **\$175**

**Please Print All information. IMPORTANT: If you have 2 players, you may split a full page ad between the two.**

**High School:** \_\_\_\_\_

**High School Address:** \_\_\_\_\_

\_\_\_\_\_

**School Contact:** \_\_\_\_\_

**Authorized Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

I am authorized to enter into this agreement on behalf of the organization listed on this agreement.

**For your ad to be in the program book, this form must be fully completed and payment arrangements made.**

**Please make check payable to: SCBCA** (South Carolina Basketball Coaches Association)

**Return signed form and ad copy to:**

**SCBCA**

**PO Box 291511**

**Columbia, SC 29229**

**E-Mail:** [SCHoopCoaches@gmail.com](mailto:SCHoopCoaches@gmail.com)

**Phone #: 803.348.2365**

**ADVERTISING COPY DEADLINE: *MONDAY, March 12***



# 2018 SCBCA POSTSEASON BANQUET

**WHEN:** Friday, March 16 at 8 PM

**WHERE:** Seawell's Banquet Center 1125 Rosewood Dr, Columbia, SC 29201

**COST:** \$25 per each person attending the banquet

\*Reservations/names will be held at the door at Seawell's

**FROM:** \_\_\_\_\_

**CONFIRMATION E\_MAIL ADDRESS:** \_\_\_\_\_

\*We will send you an e-mail confirming the receipt of payment and of this reservation form

**ALL-STATE PLAYER:** \_\_\_\_\_

\_\_\_\_\_ # MEALS x \$25 Each = \_\_\_\_\_ TOTAL BANQUET PURCHASE

PLEASE LIST OF THE NAMES OF THE OTHER PEOPLE ATTENDING:

- |          |           |
|----------|-----------|
| 1. _____ | 6. _____  |
| 2. _____ | 7. _____  |
| 3. _____ | 8. _____  |
| 4. _____ | 9. _____  |
| 5. _____ | 10. _____ |

\*Reservations/names will be left at the door for this event.

Please ask guests coming to bring a picture ID (tickets will NOT be mailed out).

**\*FOR THOSE UNABLE TO ATTEND THE BANQUET AN ALL-STATE PLAQUE MAYBE PURCHASED FOR \$15 each. The plaques will be shipped the week of March 19.**

**SHIPPING ADDRESS:** \_\_\_\_\_

**\*\*\*\*\* Make checks payable to SCBCA \*\*\*\*\***  
**PAYMENT is due back by MONDAY, March 12**

**SCBCA**

**PO BOX 291511**

**Columbia, SC 29229**

**Email: [SHoopCoaches@gmail.com](mailto:SHoopCoaches@gmail.com)**