

Arrowhead Yearbook

Southeast High School
1200 37th Avenue East, Bradenton, FL 34208
941-741-3366 ext. 36109
sehsyrbk@gmail.com

SENIOR DEDICATION PAGE FORM

Student Name (Please print) _____

Size:

- ___ Full page (7.83w X 10h - portrait), **w/yearbook. Must be purchased at the same time.** \$225.00
___ Full page (7.83w X 10h - portrait), One feature photo plus six or seven smaller photos. \$200.00
___ Half-page (3.80w X 10h - vertical), One feature photo plus two or three smaller photos. \$100.00
___ 1/4 page (3.80w X 4.80h - portrait), One or two smaller photos. \$50.00

Page sizes are approximate and will depend on the theme incorporated throughout the book. Also, all layout designs will be completed by the yearbook staff. If you should have any questions or concerns, please contact us at sehsyrbk@gmail.com.

Submission:

Images are to be submitted digitally as a .jpg and should be of a good print quality with a high resolution to be published. Photos from phones taken with social media accounts are of not of good enough quality for print publishing. Pictures from cell phones of other printed pictures also do not work well. Please do not send actual photos, you will need to take them to have them digitized at any photo printing center. Any *verbiage* should be typed in a word program and submitted with the images. All files should be submitted via a thumb/flash drive or emailed from a parent/guardian to sehsyrbk@gmail.com.

All materials and payments are due by the date listed below to Mrs. Campbell in room 310A. We will email you a proof for your approval. Please respond within 48 hours. Also, at this time your materials will be ready to be returned. Please pick them up within two weeks from date of email. Any materials not picked up will be discarded on the last day of school.

Is the student aware that he/she will have a senior dedication in the yearbook? Yes No

Parent/Guardian Contact:

Parent/Guardian Name (print) Parent/Guardian Signature Date

Email Address for Corresponding Home # Cell #

Address City, State Zip

Payment: Cash Check # _____ Rec'd: Date _____ Receipt# _____

DUE BY: Thursday, November 30th, 2023

2023-2024