



ORDER FORM

DATE: ____ / ____ / ____

CLIENT INFO PLEASE PRINT CLEARLY

ATHLETE'S NAME: _____

PARENT'S NAME: _____

PHONE: _____ ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

EMAIL: _____

SPORT: FALL SOCCER SPRING SOCCER CHEER VOLLEYBALL BASKETBALL

HEAD COACH: _____

TEAM NAME: _____ TEAM COLOR: _____

PREFERRED METHOD OF CONTACT: CALL TEXT EMAIL

PACKAGES

	PRICE	QTY.	TOTAL
PACKAGE A (1-5x7; 8-WALLETS; 1-MEMORY MATE)	\$25		
PACKAGE B (1-8x10; 2-5X7'S; 8-WALLETS; 1-MEMORY MATE)	\$35		
PACKAGE C (2-8x10; 3-5X7'S; 16-WALLETS; 1-MEMORY MATE)	\$45		
8X10 <input type="checkbox"/> TEAM <input type="checkbox"/> INDIVIDUAL	\$18		
5X7 <input type="checkbox"/> TEAM <input type="checkbox"/> INDIVIDUAL	\$10		
8 WALLETS	\$10		
1 MAGNET	\$10		
MEMORY MATE (INDIVIDUAL PHOTO WITH TEAM PHOTO)	\$18		
DIGITAL DOWNLOAD	\$35		
PLEASE MAKE CHECKS PAYABLE TO MARGIE YOUNG PHOTOGRAPHY		TOTAL	

OFFICE USE ONLY

CLIENT ID# _____ FRAME _____ PAYMENT: CASH / CHK / CC