

order form

Team Name _____

Category _____

Hometown _____

Player Name (first and last name) _____

COMMENT ABOUT PLAYER

Position _____

Jersey Number _____

Height _____

Weight _____

Age _____

PHOTOGRAPHER ONLY

Picture CODE

Team CODE

PARENT INFO

NAME _____

PHONE _____

PAYMENT



CARD # _____

mm/yyyy

Postal Code

CVV

Signature _____

PRODUCTS	PRICE				QTY	SUB-TOTAL
SPECIAL OFFER**	A	B	C	D		
	\$40	\$35	\$30	\$25		
OTHER PRODUCTS	PRICE IF ADDED TO SPECIAL OFFER					
2 T-P 8X12*		\$25	\$20			
20 CARDS		\$25	\$20			
8 4X6		\$25	\$20			
4 5X7		\$25	\$20			
2 8X12		\$25	\$20			
1 POSTER 12X17		\$25	\$20			
1 POSTER T-P 12X17*		\$25	\$20			
2 6X8 + 4 4X6		\$25	\$20			
1 8X10 PLAYER, 1 PLAYER + TEAM		\$25	\$20			
		\$25	\$20			

* Player on front, Team and player on back.

** See Special Offers on forms' back.

TOTAL