

League Name _____
 Team Name _____ Grade/Age U- _____
 Coach Name _____

PARENTS/GUARDIAN NAME: ALL INFO REQUIRED*

FIRST: _____
LAST: _____

MAILING ADDRESS: (NO P.O. BOXES)



APT #: _____ **CITY:** _____ **STATE:** _____

ZIP CODE: _____ **PHONE #:** _____

EMAIL: _____

ATHLETE'S FIRST NAME: _____

ATHLETE'S LAST NAME: _____

PACKAGE NAME OR LETTER	QUANTITY	TOTAL	JERSEY #:
BONUS #1- TRADING CARDS SET OF 25		* WITH PURCHASE OF PACKAGE	
BONUS #2- 1 BUTTON 2 MAGNETS & CUTOUT		* WITH PURCHASE OF PACKAGE	
\$5 FOR BACKGROUND CHANGE			
1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/> \$ _____

Subtotal: _____
 Handling/Shipping: **\$5.00**

Grand Total: _____

***Specialty Products take 4-6 weeks to arrive**

OFFICE USE ONLY:

Image #'s: _____

Description: _____

Sales Person: _____

Stand- ----- Ball & Card
 Holder- ----- Holder
 Plaque- ----- Name Plate
 Frame- -----

PHOTOGRAPHERS



SHOOTING ON WHITE SCREEN
BEFORE AND AFTER



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