

NAME _____ DATE: _____

(if different from below)

Total _____ (tax inc.)

Order #

TEAM: _____ LEVEL: _____ JERSEY # : _____

BAG TAGS

PHOTOGRAPHS

Team (\$ 6) _____

Certificate (5x7)(\$ 7) _____

Indiv. (\$ 6) _____

P5x7 (\$ 6) _____

Friend/Group (\$ 6) _____

P8x10 (\$10) _____

Group Discount (\$4) _____

Group Discount (\$4) _____

(PLEASE PRINT CLEARLY)

NAME

STREET

CITY,STATE,ZIP

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