



Family Portrait Order Form

Student Name: _____ Grade: _____ School: _____	Date: _____ Poses: _____
Parent Name: _____ Phone: (_____) _____ Address: _____ City: _____ State: _____ Zip Code: _____	
TRADITIONAL - \$35 (3) Poses (3) 5X7 Individual Poses (3) 4X6 Individual Poses (1) 8X10 Individual Pose (12) Wallets	FAMILY - \$45 (4) Poses (4) 5X7 Individual Poses (4) 4X6 Individual Poses (2) 8X10 Individual Poses (16) Wallets

A La Carte \$10 each

- (8) WALLETS
 (3) 4x6 INDIVIDUAL POSES
 (2) 5X7 INDIVIDUAL POSES
 (1) 8X10 INDIVIDUAL POSES

Package	Cost	Qty	Total
			\$
A La Carte	Cost	Qty	Total
	\$10		\$
	\$10		\$
Package Total			\$

Payment Method		
<input type="checkbox"/> Exact Cash: \$ _____	<input type="checkbox"/> Check: # _____	<input type="checkbox"/> Credit Card
Name on Card: _____		Zip Code: _____
Card Number: _____		Exp.: ____ / ____ CVV: _____