

Showtime on Ice Photo Order Form

For Photographer's Use:

Roll _____ Frame _____

| | |
|---|------|
| _____ 1 5x7 | \$10 |
| _____ 1 5x7 & 4 Wallets | \$15 |
| _____ 2 5x7's & 8 Wallets | \$20 |
| _____ 1 8x10, 2 5x7, 8 Wallets | \$25 |
| _____ 2 8x10's, 4 5x7's, 12 Wallets | \$40 |
| Check one: ___ Visa ___ MasterCard ___ AMEX | |
| Credit Card # _____ - _____ - _____ - _____ | |
| Expiration Date: _____ - _____ (Month - Year) | |
| Billing Zip Code _____ | |

Name _____

Address _____

City, State, Zip _____

Phone _____

Group Name _____

Character Name _____

**TO ORDER: Print this and give to
the photographer on picture day - OR mail
payment to the following address:**

Zemi Photographics

PO Box 1125

Westminster, CO 80036

303/997/6533

WWW.ZEMIPHOTO.COM