

# SHOWTIME ON ICE

## PHOTO ORDER FORM

Please fill out and have payment ready when you come to photo day.

\_\_\_\_\_ 1 5x7 (\$10 each) (A)\_\_(B)\_\_(C)\_\_(D)\_\_\_

\_\_\_\_\_ 1 5x7 & 4 Wallets (\$15 each) (A)\_\_(B)\_\_(C)\_\_(D)\_\_\_

\_\_\_\_\_ 2 5x7's & 8 Wallets (\$20 each) (A)\_\_(B)\_\_(C)\_\_(D)\_\_\_

\_\_\_\_\_ 1 8x10, 2 5x7, 8 Wallets (\$25 each) (A)\_\_(B)\_\_(C)\_\_(D)\_\_\_

\_\_\_\_\_ 2 8x10's, 4 5x7's, 12 Wallets (\$40 each) (A)\_\_(B)\_\_(C)\_\_(D)\_\_\_

Check (payable to Zemi Photography)

Check one: \_\_\_ Visa \_\_\_ MasterCard \_\_\_ AMEX

Credit Card # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Expiration Date: \_\_\_\_\_ - \_\_\_\_\_ (Month - Year) Billing Zip Code \_\_\_\_\_

(A) GROUP NAME (I)\_\_\_\_\_ (Roll\_\_\_\_\_ Frame\_\_\_\_\_)

(B) GROUP NAME(II)\_\_\_\_\_ (Roll\_\_\_\_\_ Frame\_\_\_\_\_)

(C) CHARACTER NAME\_\_\_\_\_ (Roll\_\_\_\_\_ Frame\_\_\_\_\_)

NAME\_\_\_\_\_

ADDRESS\_\_\_\_\_

CITY, STATE, ZIP\_\_\_\_\_

PHONE( )\_\_\_\_\_ EAMIL\_\_\_\_\_