

Extreme Portrait Order Form

Present this form to Photographer



Stadium 1

Classic

Shockwave

Game Day

Stadium 2

Players Name _____ Position _____

Team Name _____ Division _____ Uniform# _____

Parents Name _____ Phone _____

16x20 - \$49

11x14 - \$39

8x12 - \$29

Call for Pick Up

Deliver to League

Ship to home+ \$8

PHOTOGRAPHER'S
USE ONLY

SLATE #

PHOTOGRAPHER'S USE ONLY

PLAYER #

----- Top form goes to photographer -----

----- Bottom form goes to check in tent -----

Extreme Portrait Order

Payment Method

Cash Check # _____ Amount _____

Visa MC Discover

CC# _____ - _____ - _____ Exp date ____ / ____

Name _____

Billing Address _____

City _____ Zip _____

Phone # (_____) _____ - _____

Amount \$ _____ Signature _____

Call for Pick Up

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