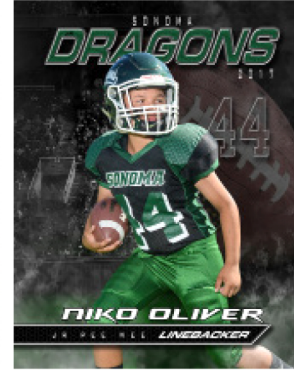
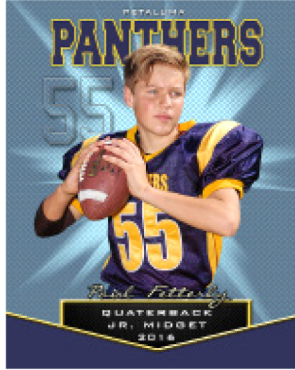
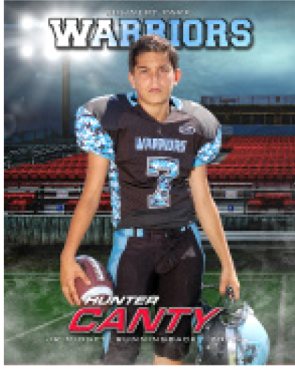


Extreme Portrait Order Form

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 Deliver to League Ship to home + \$8