_____SWIM TEAM 2015

PARENTS/SWIMMERS: Please check with your coach or team directors for your team's exact photo date, time & place.

Complete this form and turn in to photographer, with payment, on photo day. PLEASE PRINT. THANK YOU!

Swimmer's Name:___/

Parent's Name_____ **Phone**_____

TEAM & INDIVIDUAL PACKAGES:	PRICE	X	QUANTITY	=	TOTAL	office use
MEMORY MATE COMBO #1: 1-8x10 Team Photo 2-5x7, 2-3x5 & 12-2x3 of individual	**$28.00**	X	_____	=	$_____	_____A
MEMORY MATE COMBO #2: 1-8x10 Team Photo 1-5x7, 2-3x5 & 8-2x3 of individual	**$19.00**	X	_____	=	$_____	_____B
MEMORY MATE COMBO #3: 1-8x10 Team Photo 1-5x7, 1-3x5 & 2-2x3 of individual	**$14.00**	X	_____	=	$_____	_____C
MEMORY MATE PHOTO: Team & individual photo printed together on one 8x10 page Colorful and exciting graphics, customized with child's name, team name & year	**$18.00**	X	_____	=	$_____	_____D
MEMORY MATE PLAQUE: 1-5x7 Team Photo & 1-3x5 individual photo beautifully mounted on plaque board	**$34.00**	X	_____	=	$_____	_____E
INDIVIDUAL PHOTOS (no team photos)						
PHOTO # 1: 1-8x10	**$10.00**	X	_____	=	$_____	_____F
PHOTO # 2: 2-5x7	**$10.00**	X	_____	=	$_____	_____G
PHOTO # 3: 8-2x3	**$10.00**	X	_____	=	$_____	_____H
PHOTO COMBO # 1: 1-5x7, 2-3x5 & 8-2x3…….SAVE	**$18.00**	X	_____	=	$_____	_____I
PHOTO COMBO # 2: 1-8x10, 2-5x7, 2-3x5 & 4-2x3……SAVE	**$25.00**	X	_____	=	$_____	_____J
PHOTO-BUTTON:……..1 - large 3.5" round pin-back photo-button	**$10.00**	X	_____	=	$_____	_____K
PHOTO-MAGNET:……1-3x5 photo with a full magnet back	**$10.00**	X	_____	=	$_____	_____L
8x10 PHOTO PLAQUE:.....please indicate – Individual or Team Photo	**$23.00**	X	_____	=	$_____	_____M
5x7 PHOTO PLAQUE:……..please indicate – Individual or Team Photo	**$21.00**	X	_____	=	$_____	_____N
MAGAZINE COVER: 8x10 individual photo with magazine style graphics & child's name.	**$16.00**	X	_____	=	$_____	_____O
5x7 TEAM PHOTO:	**$ 7.00**	X	_____	=	$_____	team P
8x10 TEAM PHOTO:	**$10.00**	X	_____	=	$_____	team Q
COMPACT DISC OF INDIVIDUAL:….printing resolution with copyright release	**$20.00**	X	_____	=	$_____	_____R
STATUETTE:……..approx. 10" free-standing individual photo cut-out – complete address below	**$34.00**	X	_____	=	$_____	_____S

Street_____City_____ State_____ Zip_____

CASH _____ CHECK #_____ $25 returned check fee.

PRICES INCLUDE TAX. Make checks payable to Wade's Photography.

GRAND TOTAL $_____

Credit or Debit Card#___/___/___/___/___/___/___/___/___/___/___/___/___/___/___/___/___/___/ Expiration date _____ Billing Zip Code_____

Name on card - _____ Signature _____

Borders, styles, colors and selection of customized products will vary. Wade's Photography has final decision. Restrictions apply. Wade's Photography not responsible for customer spelling errors, spaces left blank by customers or customer illegible handwriting. Compact Disc is not returnable. Please call our office if you have any questions. THANK YOU!!

THANK YOU FOR YOUR PHOTO ORDER! WE SINCERELY APPRECIATE YOUR BUSINESS.

Wade's Photography, Inc.

281-353-1819 Email: wade@wadesphotography.com