kelly stachura PHOTOGRAPHY

Name of Dancer(s): _____

Parent Name: _____

Phone: _____ Email Address: _____

....

Spring Recital Class Portrait Pre-Order Form

WRITE IN YOUR CLASS INFORMATION BELOW:

Class Name	Class Day / Time	Instructor	Photo Size
_____	_____	_____	5x7 ____ 8x10 ____
_____	_____	_____	5x7 ____ 8x10 ____
_____	_____	_____	5x7 ____ 8x10 ____
_____	_____	_____	5x7 ____ 8x10 ____
_____	_____	_____	5x7 ____ 8x10 ____
_____	_____	_____	5x7 ____ 8x10 ____
_____	_____	_____	5x7 ____ 8x10 ____
_____	_____	_____	5x7 ____ 8x10 ____
_____	_____	_____	5x7 ____ 8x10 ____
_____	_____	_____	5x7 ____ 8x10 ____

Total number of 5x7s: _____ x $15 = _____

Total number of 8x10s: _____ x $25 = _____

GRAND TOTAL: _____

....

CREDIT CARD INFORMATION (a $3 service charge will be aded to all credit card transactions)

Cardholder Name: _____

Card Number: _____

Exp. _____ CVV: _____ ZipCode: _____

Please make checks
payable to
Kelly Stachura
Photography