

DIGITAL PHOTOGRAPHY

Christine Schaeffer, owner - 11903 Bracken Court, Bowie, MD 20720
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Name _____
 Group Name _____ Date of Photo Shoot: _____
 Parent's Name _____
 Address _____

 State _____ Zip Code _____
 Phone # (H): _____ Phone # (W): _____
 Email Address: _____

SPORTS PHOTO PACKAGES 2006

		COST	Qty	Subtotal
A	One 8x10 Group Photo with Group Identifying Information & Individual Inset	\$ 15.00		
B	One 8x10 Group Photo, One 5x7 and Four Wallets of Athlete	\$ 25.00		
C	One 8x10 Group Photo, Two 5x7's and Eight Wallets of the Athlete	\$ 30.00		
D	8x10 Group Photo, One Personalized 8x10 Magazine Cover with Individual photo, One Photo Keychain, Two 5x7's and Eight Wallets of the Individual	\$ 55.00		
E	8x10 Group Photo, Two 5x7's and Eight Wallets of Individual, and Twelve Personalized Trading Cards (fill in info below)	\$ 50.00		
F	8x10 Group Photo, Two 5x7's and Eight Wallets of Individual, and Twelve Personalized Trading Cards (fill in info below) & One Personalized Magazine Cover	\$ 70.00		
G	One Personalized Magazine Cover	\$ 20.00		
H	One Double-Sided Photo Keychain	\$ 7.50		
I	Additional 5x7 of Individual (with Package A-F)	\$ 7.50		
J	Additional 8x10 of Individual (with Package A-F)	\$ 10.00		
K	Two 4x5 Magnets of Individual	\$ 10.00		
L	Twelve Individualized Trading Cards - please fill in the following info: Team Name _____ Weight/Position _____, Hometown _____, Coach's Name(s) _____, Age _____ .	\$ 20.00		

www.chrisschaeffer.info

Sales Tax Table:
 \$15.00+5%=\$15.75
 \$25.00+5%=\$26.25
 \$55.00+5%=\$57.75
 \$50.00+5%=\$52.50
 \$70.00+5%=\$73.50
 \$20.00+5%=\$21.00
 To Calculate:
 Total x 1.05 = Amt Due

Special Instructions :

SUBTOTAL	
MD Sales Tax 5%	
TOTAL	

PAYMENT BY (Circle One): CASH MONEY ORDER CHECK CHARGE

Checks to be made payable to **DIGITAL PHOTOGRAPHY**

Credit Card Type (Circle One): VISA MASTERCARD AMERICAN EXPRESS DISCOVER

Full Name on Credit Card: _____

Number on Credit Card: _____

Expiration Date (MM/YY): _____

Signature: _____

Credit Card Charges will appear under the name of Christine Schaeffer

For Office Use Only Below This Line:

Check# _____ Amt _____ CC Auth _____ Date _____

Lab Date _____ Arrived _____ Shipped: _____

Add-On Orders: _____ Email: _____