Impact Photography Sport Pictures Order Form

Please write clearly.			
Child's name	Date		
Organization	_Team		
Parent's name			
Address			
City, State, Zip			
Phone Home Cell			
realiiCoacii			
Package(s)Price	_		
Add-on(s)Price	_		
Description of add-ons			
Trading card information (for packages with tradir NOTE: (We are not responsible for illegibility, r Child's name	isspellings, or omissions)		
Total Amount enclosed Payment by Cash Check (payable to: Im NOTE: If you have more than one child getting pho		our packages. Mark the envelopes as to	o which child has the check.
There is an \$18.00 fee for a returned check. Photographer has change if needed.			

NOTE: PLEASE ENCLOSE COMPLETED FORM AND PAYMENT IN A BLANK ENVELOPE WITH CHILD'S NAME, TEAM, AND PACKAGE ORDER ON FRONT

PO Box 1717, Medford NJ 08055 413 Skyview Drive, Middletown, DE 19709

NJ (609) 654-5069 NJ (856) 985-9350 DE (302) 378-4598

Serving the tri-state area since 1993 www.lmpactPhotographyNJ.com