



Package A **\$25.00**

10X8 Superimposed Group

2-5x7 Individuals

8-Wallets

Package B **\$31.00**

10X8 Superimposed Group

2-5x7 Individuals

12-Wallets

1-8x10 Individual

Package C **\$21.00**

10X8 Superimposed Group

1-5x7 Individual

4-Wallets

Package D **\$25.00**

10X8 Superimposed Group

1-5x7 Individual

4-Wallets

1-8x10 Individual

Package E **\$20.00**

10X8 Superimposed Group

1-3x5 Individual

2-Wallets

Package F **\$15.00**

10X8 Superimposed Group

BONUS BUDDY PACKAGE

(You must use a separate order envelope for the Buddy Package)

Package

G	2-5x7 Individuals & 8-Wallets	\$15.00
H	2-Photo Key Chains	\$12.00

EXTRA ITEMS

Package		
I	4-Wallets	\$8.00
J	2-5x7 Individuals	\$14.00
K	1-8x10 Individual	\$15.00

PLAYER'S FIRST NAME	PLAYER'S LAST NAME	SPORT	COACH'S NAME	Total Cost of Package/s	TOTAL ENCLOSED												
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Tennis <input type="checkbox"/> Field Hockey <input type="checkbox"/> Soccer <input type="checkbox"/> Cross Country <input type="checkbox"/> Football	<input type="text"/>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>Package Selection</td> <td>Number of Packages</td> <td>Total Cost</td> </tr> <tr> <td> </td> <td> </td> <td>\$.</td> </tr> <tr> <td> </td> <td> </td> <td>\$.</td> </tr> <tr> <td> </td> <td> </td> <td>\$.</td> </tr> </table>	Package Selection	Number of Packages	Total Cost			\$.			\$.			\$.	\$.
Package Selection	Number of Packages	Total Cost															
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Photographer Use Only Image # <input type="text"/> Team # <input type="text"/>				PLACE ORDER HERE													
Enclose Full Payment Cash or Checks Payable to: EAP Sports Photography				All images are property of EAP Sports Photography & it's affiliates. EAP reserves the right to print, exhibit or post on the web any image without permission or any form of compensation to the subject in the photo.													
SHIPPING INFORMATION Player's Address: _____ Street: _____ City: _____ Zip: _____ Player's Phone #: () _____ Player's Email: _____																	
* This envelope must be returned on picture day with full payment enclosed. * Carefully fill in package order blanks * Return Check fee is \$25.00 * Tear at perforation and seal envelope. * Keep top half for your records																	