

PRINT SCHOOL NAME \_\_\_\_\_

# School Pictures

**Every student**, whether purchasing photos or not, must have a completed form to give to the photographer 's assistant on Picture Day. Please mark your package preferences and attach your **payment** to this form. Tax is included in the pricing. Make checks payable to **EZELL'S STUDIOS**. There is a \$25.00 fee for any returned checks. Picture packages will be delivered to the school in 2 weeks.

Pkg A	Pkg B	Pkg C	Pkg D	Pkg E	Touch Up Blemishes
2 – 5 x 7 4 wallets <b>\$19.00</b>	3 – 5 x 7 2 – 4 X 5 <b>\$24.00</b>	3 – 5 x 7 2 – 4 x 5 8 wallets <b>\$30.00</b>	1 – 8 x 10 2 – 5 x 7 2 – 4 x 5 12 wallets <b>\$38.00</b>	2 – 8 x 10 3 – 5 x 7 2 – 4 x 5 16 wallets <b>\$45.00</b>	Can be done if purchasing a package or if picture is for yearbook only. <b>\$8.00</b>
Additions may <b>ONLY</b> be purchased with above packages: a. 1 – 8 x 10 <b>\$8.00</b> c. 4 – 4 x 5 <b>\$8.00</b> b. 2 – 5 x 7 <b>\$8.00</b> d. 8 Wallets <b>\$8.00</b>					

Package \_\_\_\_\_ \$ \_\_\_\_\_  
 Package \_\_\_\_\_ \$ \_\_\_\_\_  
 Addition \_\_\_\_\_ \$ \_\_\_\_\_  
 Addition \_\_\_\_\_ \$ \_\_\_\_\_  
**TOTAL** \$ \_\_\_\_\_

Credit/Debit Card: M/C VISA AMEX # _____ Exp. Date: _____ Zip Code: _____ Authorized Signature: _____
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Grade \_\_\_\_\_ Teacher's Name (This Class) \_\_\_\_\_

Student's Name \_\_\_\_\_ ID# \_\_\_\_\_

Parent's Name \_\_\_\_\_

Address \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Home # \_\_\_\_\_ Cell # \_\_\_\_\_

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