SPARROW STUDIOS
909-882-3922

School Portrait Memories

We now accept Credit & Debit Cards
Form enclosed

First Name _____ *Last Name* _____

Phone Number ___ - ___ - ____ *Age* ____ *Grade* _____

School Name _____

Teacher _____

Two Pose Packages

A	B	C	D
2 - 8x10's 4 - 5x7's 8 - 3x5's 16 - Wallets 32 - Mini Wallets 1-Class Composite **$68.00**	2 - 8x10's 2 - 5x7's 4 - 3x5's 16 - Wallets 32 - Mini Wallets 1-Class Composite **$56.00**	2 - 8x10's 4 - 3x5's 16 - Wallets 1-Class Composite **$51.00**	2 - 5x7's 4 - 3x5's 16 - Wallets 1-Class Composite **$39.00**

One Pose Packages

E	F	G	H
1 - 8x10's 2 - 5x7's 4 - 3x5's 8 - Wallets 32 - Mini Wallets 1-Class Composite **$49.00**	1 - 8x10's 1 - 5x7's 2 - 3x5's 8 - Wallets 16 - Mini Wallets 1-Class Composite **$37.00**	1 - 8x10's 4 - 3x5's 8 - Wallets 1-Class Composite **$32.00**	1 - 5x7 2 - 3x5's 8 - Wallets 1-Class Composite **$23.00**

PACKAGE	QTY	TOTAL
A		
B		
C		
D		
E		
F		
G		
H		
I		
J		
K		
L		
M		
N		
O		
P		

Total Enclosed _____

"Add-ons to packges only. Can not be ordered from w/o Package"

I	1 - 8x10	$13.00
J	2 - 5x7's	$13.00
K	4 - 3x5's	$13.00
L	8 - Wallets	$13.00
M	4- 3x5 Magnet Prints	$20.00
N	8x10 - 12 Month Photo Calendar	$15.00
O	1- 11x14 Wall Portrait	$29.00
P	5x7 Class Photo or Group Composite (if available)	$13.00

Remember

**Order must include exact payment.*
**No change given on photo day.*
**One child per envelope only.*

To Enhance your child's portraits please dress them in colorful clothing. Whites and pastels are not recommended.

We accept checks under these conditions!
When you pay by check, you expressly authorize **Sparrow Studios** to electronically debit your account for the amount of the check plus a state maximum amount processing fee if your check is dishonored or returned for any reason. Your usage of a check for payment is your acceptance of this agreement and its terms.

Please make checks payable to "Sparrow Studios" - Thank You!

Visit us at
www.sparrowstudiosonline.com

Credit Card Authorization Form

Phone# _____

Credit Card Number: _____

Card Type: _____ **Exp. Date:** _____

CVV Code _____

Name of Cardholder: _____

Credit Card Billing Address: _____

City: _____ **State:** _____ **Zip:** _____

henri raynaud photography

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