

Recital Order Form

ALL CHECKS must be made out to Linda Watson or Leslie Franks

Name _____ Date _____

Address _____

Home Phone _____ Mobile _____

PLEASE (CIRCLE THE PACKAGE OF YOUR CHOICE)

PACKAGE A: \$20.00 (1) 5 x 7 (2) 3 1/2 x 5 (8) WALLETS

PACKAGE B: \$40.00 (1) 8 x 10 (4) 5 x 7 (16) WALLETS

ADDITIONAL ADD-ON'S (ADD-ON'S ARE ONLY AVAILABLE WITH PACKAGE PURCHASE)

PLEASE (CIRCLE THE ADD-ON'S OF YOUR CHOICE, ALL THAT APPLY)

#1 - \$5.00 (1) 5 x 7 GROUP PICTURE

#2 - \$10.00 (1) 8 x 10 MEMORY MATE

#3 - \$10.00 (10) SOUVENIR TICKETS

#4 - \$10.00 (1) 8 x 10 MAGAZINE COVER

USE THIS SPACE FOR ADDITIONAL INFORMATION OR NOTES

PACKAGE AMOUNT \$ _____

ADD-ON AMOUNT \$ _____

TOTAL AMOUNT \$ _____

FOR OFFICE USE ONLY

PAYMENT (CHECK) _____ # _____ OR (CASH) _____ DATE _____

SUBJECT# _____ GROUP# _____

CARD # _____ IMAGE# _____ - _____