Please fill out ***all*** information below and ***print clearly***. Please use exact change **(no change at event)**

Child Name: First _____ Last _____

Jersey Number: _____ Age: _____ Height: _____ft _____in Weight: _____lbs

Coach Name: _____ Level: _____

Team Name: _____ Position: _____

Parent Name: _____ Phone: _____ _____ _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Circle Payment Type: Cash Check *-Payable to Chesler Photography*
$25 returned check fee Credit Card **(See Below)**

If you would like to pay by card, please fill out the attached sheet and enclose it in envelope. It is shredded after card is run.

Item Name	Item Description	Qty	Price Each	Total
Example: C	*Package C*	1	$29	$29
Example: 5	*Memory Mate*	2	$12	$24
			$	$
			$	$
			$	$
			$	$
				$

photographer use only
do not use this box

_____
Start frame

_____
End frame