



903 Lemay Dr
 Bellevue NE 68005
 402-292-8438 / info@jeremyjohnsnphoto.com

Name _____ Phone _____
 Address _____ E-Mail _____
 City _____ Zip Code _____ Grade _____
 School _____ Section _____

EVERYONE is needed for the group photograph! Please fill out this form and bring it on photo day. Enclose your payment.

- Quantity*
- A _____ Small Memory Mate Folder - 5x7 **Band** and 4x5 individual \$14
 - B _____ 8x10 digital Memory Mate with Name (**Band** and Ind. on one print) \$15
 - C _____ Large Memory Mate Folder - 8x10 **Band** and 5x7 individual \$20
 - D _____ Small Memory Mate Folder - 5x7 **Section** and 4x5 individual \$14
 - E _____ 8x10 digital Memory Mate with Name (**Section** and Ind. on one print) \$15
 - F _____ Large Memory Mate Folder - 8x10 **Section** and 5x7 individual \$20

Print child's name as you would like it to appear on photos, on dotted line below

Individual Photographs:

- G _____ Photo -Bag Tag with Name and Address\$8.00
- H _____ 8x10 Custom Magazine Cover with Name\$15.00
- I _____ 8x10 Photo Calendar with Name\$15.00
- J _____ 4 Billfolds \$7
- K _____ 8 Billfolds \$10
- L _____ 16 Billfolds \$15
- M _____ 2 4x5's Photographs \$12
- N _____ 1 5x7 Photograph \$10
- O _____ 1 8x10 Photograph \$14
- P _____ 1 10x13 Photograph (mounted) \$25
- Q _____ Photo Keychain \$10
- R _____ 4x5 Photo Magnet \$8

Sectionals:

- _____ 5x7 \$10
- _____ 8x10 \$14
- _____ 10x13 (mounted) \$25
- _____ 16x20 (mounted) \$40

Band:

- _____ 5x7 \$10
- _____ 8x10 \$14
- _____ 10x13 (mounted) \$25
- _____ 16x20 (mounted) \$40

Total \$ _____