

Please make all checks payable to Strawbridge Studios. Favor de hacer todos los cheques pagables a Strawbridge Studios.

### GENERAL INFO

Please print clearly and fill out completely

School Name: \_\_\_\_\_

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

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (     ) \_\_\_\_\_

Email: \_\_\_\_\_

Notes: \_\_\_\_\_

### PLAYER INFO

Player's FIRST Name  
 \_\_\_\_\_

Player's LAST Name  
 \_\_\_\_\_

Team Name  
 \_\_\_\_\_

Age     Jersey #      Varsity  
 \_\_\_\_\_     \_\_\_\_\_      JV

Position  
 \_\_\_\_\_

Coach  
 \_\_\_\_\_

Sport  
 \_\_\_\_\_

### ORDER FORM

Pkg.	Qty.	Price	Amount
<b>A</b>		\$50	
<b>B</b>		\$45	
<b>C</b>		\$40	
<b>D</b>		\$35	
<b>E</b>		\$30	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
Basic Retouch		\$8 ▶	
Premium Retouch		\$13 ▶	
Add Name on 2x3		\$8 ▶	

Slate # \_\_\_\_\_ Frame # \_\_\_\_\_ Team # \_\_\_\_\_

**TOTAL \$** \_\_\_\_\_

FIELD USE ONLY