2015 IMAGE GROUPBand/Orchestra Photos



933 N. Convent, Bourbonnais • 815-932-1230 www.imagegroupphotography.com

PACKAGES							
Package A\$45 (2) 8x10 (2) 5x7 16 Wallets Group Photo	Package B \$35 (1) 8x10 (2) 5x7 16 Wallets Group Photo	Package C\$30 (2) 5x7 16 Wallets Group Photo	Package D \$20 (2) 3x5 8 Wallets Group Photo	Package E \$15 Group Photo			

GENERAL INFORMATION

- O All students need to be photographed for the yearbook.
- O A portrait package order requires payment in full at the time the student is photographed.
- O Students receive orders within 3–5 weeks after being photographed.
- O Questions? Please call Customer Service at 815-932-1230, Monday through Friday from 10 a.m. until 4 p.m.

Thank you for your order!

PRE-PAY PICTURE PROGRAM:

Students wishing to order portrait packages must pay for their portraits when they are photographed. Please dress accordingly. Bright colors photograph best.

ORDERING INSTRUCTIONS

- Select your PACKAGE(S) above.
- 2 Fill in all information requested below. Check name spelling.
- Oetach payment envelope.
- **4** Enclose **EXACT** payment. **Photographers do not have change.**
- **6** Make checks payable to **Image Group Photography.**In order to speed delivery of pictures, dishonored checks may be electronically represented to the check writer's account along with a processing fee (\$35 or less). Your use of a check as payment is your express authorization of this policy and its terms.
- **6** Give the payment envelope to the photographer or assistant on your picture day.
- **7** ONE CHECK PER ENVELOPE PER STUDENT. Please do not pay for other packages in this envelope.
- **8** All prices include state and local taxes.

PLEASE HAVE EXACT CHANGE — Photographer has no change. • No photos are made without payment.

ONE CHECK PER ENVELOPE PER CHILD. • Place check, money order or cash in envelope below.

▼ Tear off envelope, fold at line and seal. • Complete the information below whether or not you are purchasing portraits.

OFFICE USE ONLY	E-mail Address*:			MANDATORY INFORMATION This area must be
	Phone:		- 1 1/	filled out completely.
	Student		- ARL	Package Letter(s)
	Name:		CLEA	Quantity
	Street Address	DRIN	7 0=	Example: A/3
	City:	Pin		Package \$.00
	PL	710.0 1		TOTAL \$.00
	State:	ZIP Code: Apt. #:		
	Crada	0.55	CASH:	
	Grade:	Group:		CHECK:
				VISA:
CARD NUMBER:				MASTERCARD:
BILLING ZIP CODE:	3-DIGIT CODE: EXPIR		ke checks payable to: IMAGE GROU	