

PLEASE DO NOT COMBINE PAYMENTS FROM ANOTHER FORM

Nicholas Studios

Image Number

6480 Possum Run Rd Dayton, Ohio 45440 (937)848-6752 nicholasstudios@gmail.com

Please Fill out Completely

PLEASE READ

PLEASE DO NOT COMBINE PAYMENTS FROM ANOTHER FORM

Student Name _____
 Address _____
 City/Zip _____
 Phone Number _____
 School/Sport _____
 Grade/Team Color _____
 Position/Jersey # _____

Package #1

\$56

This package includes 1 free 5x7 of the team

1-8x10's

4-5x7's

4-4x5's

24 Wallets

MOST POPULAR

\$15 Memory Mate: 1-5x7 Group/Team, 1-4x5 and 2 wallets individual

\$12 8x10 Collage Memory Mate (Collage of team and individual)

Custom _____

_____ \$15 8-Trading Cards'
 _____ \$15 1-Magazine Cover (Near Sport)
 _____ \$5 2-Personalized Tickets
 _____ \$10 1-Scrapbook Page

Package #2 \$40

1-8x10

2-5x7's

4-4x5's

16 Wallets

This package includes 1 free 5x7 of the team

Package #3 \$34

1-8x10

2-5x7's

16 Wallets

This package includes 1 free 5x7 of the team

Package #4 \$23

1-5x7's

4-4x5's

8 Wallets

This package includes 1 free 5x7 of the team

Package #5 \$18

1-5x7's

8 Wallets

This package includes 1 free 5x7 of the team

\$45 1-20x30

\$15 1-10x13

\$10 1-8x10

\$10 2-5x7's

\$8 1-5x7

\$5 2-4x5's

\$7 4-4x5's

\$5 4-Wallets

\$7 8-Wallets

\$7 16-Subwallets

\$10 1-5x7 and 2- 3 1/2x5's

\$10 1-5x7 and 4-wallets

\$10 2-4x5's and 4-wallets

\$8 1-4x5 and 2-wallets

\$7 1-Button

\$6 1-Round Magnet

\$6 1-4x6 Magnet

\$7 1-Key Chain

EXTRAS

1-5x7 \$8 1-8x10 \$10 1-10x13 \$15

1-4x6 Magnet \$6 1-Key Chain \$7

Team Shots: This section is to order Team Shots only. If you mark in this box, you will be getting a team photo.

CHECK THIS OUT



VINYL BANNERS!! 2'X3' \$45

Own your sports/band/dance Photograph. This is an opportunity to own the rights to your image and be able to print/email/share your Photograph. (PRINT Email address below)

Digital File Emailed to you (High Res)

\$20

MAKE CHECKS PAYABLE TO: NICHOLAS STUDIOS Your order will not be printed without payment.

TOTAL

Please enclose exact amount or your change will be given with your order.

Payment by VISA or MasterCard

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

Month

Year

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------

Expiration



Card Holders Signature X _____

**3-digit code _____

Zip Code For Card _____

(on back of card)

PLEASE DO NOT COMBINE PAYMENTS FROM ANOTHER FORM