

1. Complete all blanks (Do not send photo)
2. Add \$7 shipping and Handling (Prices include sales tax)
3. Allow 3 weeks for delivery
4. Mail Reorder Form with payment or Fax to: 703-392-1281

OLSON
PHOTOGRAPHY
 www.olsonphotography.com

10641 Gaskins Way
 Manassas, VA 20109
 703-392-7551
 FAX: 703-392-1281

Parent Name: _____ Phone: _____
 Child's Name: _____ Season/Year: _____
 Address: _____ State: _____ Zip: _____
 Coach Name: _____ League: _____ Sport: _____
 Code from back of photo: _____ Email: _____

REORDER FORM

QUANTITY	PRODUCT	PRICE	TOTAL
_____	1- 5x7 Player Profile of CHILD (Must add information in box below)	\$25	\$ _____
_____	1- 8x10 of CHILD or TEAM (circle one)	\$26	\$ _____
_____	1- 5x7 of CHILD or TEAM (circle one)	\$22	\$ _____
_____	2- 3x5 of CHILD	\$19	\$ _____
_____	8- Wallets of CHILD	\$20	\$ _____
_____	8- Trading Cards of CHILD (Must add information in box below)	\$25	\$ _____
_____	2- 3x5 Photo Magnets of CHILD	\$22	\$ _____
_____	2- Sport Ball Magnets of CHILD	\$24	\$ _____
_____	4- Wallet size Sport Magnets of CHILD	\$22	\$ _____
_____	1- Memory Mate (8x10 Vertical of CHILD and TEAM)	\$33	\$ _____
_____	1 Digital Image of Child Provide email address _____	\$40	\$ _____
_____	1- Sports Mate (8x10 Horizontal of CHILD and TEAM)	\$33	\$ _____
	Subtotal		\$ _____

Must add Shipping & Handling \$ 7.00
 Total Amount Enclosed \$ _____
(ALL PRICES INCLUDE SALES TAX)

FILL IN PLAYER STATS INFORMATION

First Name: _____
 Last Name: _____
 Age: _____ Height: _____ Weight: _____
 Position: _____
 Uniform: _____
 Coach: _____
 Team Name: _____
 League: _____

LAB USE ONLY

TEAM #

INDV. IMG #

TEAM IMG #

PHOTOG.

DATE RECEIVED

DATE SHIPPED

PLEASE FILL OUT CREDIT CARD INFORMATION

Exp. Date Security Code Zip Code



Fill in Amount to Charge \$ _____ Print Name _____