

Name _____ YOUR PICTURE DAY IS:

Total Payment \$ _____ Circle one: *check* *cash* *Visa* *MC* checks payable to *Ralf's Photography*.

C. C. # _____ Exp. ____/____

CVV # _____ Zip Code associated with card _____

Package A

2 - 5 x 7's and 8 wallet individual portraits plus
The Group Portrait with custom designed group name & logo - in your choice of size (✓ one)
✓
____ 16 x 20.... \$42 package price
____ 11 x 14.... \$36 package price
____ 8 x 10.... \$28 package price

Package B

1-8 x 10, 2 - 5 x 7's and 8 wallet individual portraits plus
The Group Portrait with custom designed group name & logo - in your choice of size (✓ one)
✓
____ 16 x 20.... \$52 package price
____ 11 x 14.... \$46 package price
____ 8 x 10.... \$38 package price

Group Portrait Only
(includes name & logo)
Qty.
____ 16 x 20 Group Portrait.....\$28 each
____ 11 x 14 Group Portrait.....\$22 each
____ 8 x 10 Group Portrait.....\$14 each

Extra Individuals
Qty.
____ 2 - 5 x 7's.....\$12 per set
____ 8 - wallets....\$12 per set
____ 1 - 8 x 10.....\$12 per set

Buddy Pictures
Qty.
____ 2 - 5 x 7's.....\$12 per set
____ 8 - wallets....\$12 per set
____ 1 - 8 x 10.....\$12 per set

Instructions: 1. Make choices and fill out all information on front and back!
2. Bring this order envelope with payment enclosed to your photo session.

★ **New!** **Expert Retouching** ★
 \$12 Check the box and add a one time minimal charge of \$12 to your total.
Your individual portraits will all be expertly retouched. Skin blemish removal, eye enhancement, and facial enhancement is all included to make you **look your very best!**

No picture packages will be available unless pre-payment is made. Prices include sales tax. Satisfaction is guaranteed or your money back! Portraits will be delivered within 5 weeks. Thank you for your order!



Images Today - Memories for a Lifetime
by Ralf K. Stier M. Photog. Cr,F-PPC, CPP
658 W. Acacia Ave. • El Segundo, CA 90245 Phone: (310) 322-0069

RALF'S
PHOTOGRAPHY

Name: _____
Address: _____
City/State/Zip _____
Phone # (s) _____
E-Mail: _____
Name of Group or Team _____

SPORTS TEAMS
(AS APPLICABLE)
Sport _____ Jersey # _____
Please Check Varsity JV
 Frosh-Soph

★ **IMPORTANT** ★
SIGNATURE REQUIRED
I hereby certify as the parent/guardian of the subject being photographed and named on this envelope, I do give my consent for the photography of the said subject and irrevocably consent to and authorize the use and reproduction by Ralf's Photography.
