



SANTA CLAUS PHOTO ORDER FORM:

PARENTS NAME: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

EMAIL: \_\_\_\_\_

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DIGITAL FILES: \$35

(WILL BE SENT TO THE ABOVE EMAIL ADDRESS)

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FORMS OF PAYMENT:

CASH, CHASE PAY, OR PAYPAL

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PHOTOGRAPHER INFORMATION:      PHOTO # \_\_\_\_\_

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**\*\*A PERCENTAGE OF PROCEEDS WILL BE DONATED TO THE MDA\*\***

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