It's Your Choice!

Pick the Pose & Background you like. (Fill out order form on reverse side.)

Pose 1



O'Connor

42231 6th Street West #202 Lancaster, Ca 93534 661-940-5657

Pose 2 1



Pose 3



Pose 4 1





















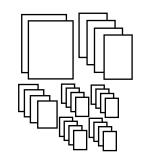
Joe Walker Middle School STEALTH Academy

7th Grade - Spring Time Photos 2015

Make Up Picture Day will be 04/07/15

Package A \$55.00

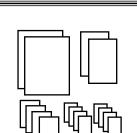
- (2) 8x10 Portraits
- (4) 5x7 Portraits
- (4) 3.5x5 Portraits
- (16) 2.5x3.5 Wallets
- Plus Blemish Retouching



Package B \$45.00

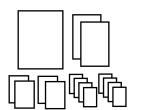
- (2) 8x10 Portraits
- (2) 5x7 Portraits
- (4) 3.5x5 Portraits
- (8) 2.5x3.5 Wallets

Plus Blemish Retouching



Package C \$35.00

- (1) 8x10 Portrait
- (2) 5x7 Portraits
- (4) 3.5x5 Portraits
- (8) 2.5x3.5 Wallets



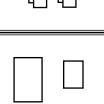
Package D \$25.00

- (1) 5x7 Portrait
- (2) 3.5x5 Portraits
- (8) 2.5x3.5 Wallets



Package E \$20.00

- (1) 5x7 Portrait
- (1) 3.5x5 Portrait
- (6) 2.5x3.5 Wallets



42231 6th Street West Unit 202 Lancaster CA, 93534 661-940-5657

www.oconnorphotography.net

A La Carte

Package L- \$15.00

Package M- \$15.00

(1) 8x10 Portrait

(2) 5x7 Portraits

Package N- \$15.00 (4) 3.5x5 Portraits

Package O- \$15.00

(8) 2.5x3.5 Wallet

Ordering Instructions:

- 1. Fill out your student's information completely & clearly.
- 2. Choose your Pose & Background from reverse side.
- 3. Mark the Pose # & Background # on the bottom portion of order form.
- 4. Select your Package, add-ons and extra options below.
- 5. Total amount and circle payment type.
- 6. Detach envelope and return to school on picture day.
- Please make checks payable to "O'Connor Photography"

This program supports your school. O'Connor Photography provides a donation for every package purchased.

Credi	t Card Info:
Exp Date /	3 digit Vcode
CC#	Q
Address	
City	

Cut off and include in order envelope.



Please tear off here, include payment and send with your child on picture day. $oldsymbol{\Lambda}$

** ANY BLANK ENTRY FOR POSE # OR BACKGROUND #, WILL RECEIVE POSE #1 AND/OR BACKGROUND #1 **

1. Print Completely and	d Clearly ALL In	formation Belo	w
Students Name			
Parents Name			
HomeroomT	eacher	Grad	de
Address			
City		Zip_	
Phone			
Phone*E-Mail		rade Spring 2014-15	

100% Satisfaction Guaranteed.						
2. Order Summary						
Package	Pose #	Background Code	Qty	Total		
3.	. Total Enclosed					
CA Sales Tax Included in Package Pricing						
Payment Type: (Please circle one)						
Cash	Check	Charge	e			