

Picture Day is Friday – October 22 at Morningside Academy!



Professional Portraits at School!
 Wear colorful clothing and Your best smile!
Questions? Call us! 253-631-2901
Email: info@hellriegelstudio.com

1. All orders must be prepaid, with money back guarantee if you are not satisfied.
2. Please fill out your order form/envelope carefully and completely. If you want retouching or add on options, please mark them. All staff & students photographed for school records and ID cards at no charge.
3. Be sure to mark the packet/packets you want and enclose/attach your exact payment. We accept cash, Money orders, Venmo and checks.
4. Every student must have his/her own order form/envelope (if they are ordering).
5. Enclose/attach your payment. Let us know if your payment is for more than one student. It is OK to write one check, please mark your children's order envelope and let us know!

There is a \$25.00 charge for all returned checks. Please make checks payable to "Foto 1".

Late orders ? Please add \$10 to your order

A.	2-8x10 2-5x7 2-3x5 4-2x3 24 mini wallets 2 photo magnets	\$49
D.	4-5x7 2-3x5 16 mini wallets	\$37
G.	2-5x7 16-2x3's	\$36
C.	1-8x10 2-5x7 8-2x3 16 mini wallets	\$38

B.	1-8x10 2-5x7 2-3x5 24 mini wallets 2 photo magnets	\$42
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E.	2-5x7 4-2x3 8 mini wallets	\$29
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All Mini wallets are:
1 1/2" x 2 1/4".

Photo Magnets are
approx. 2" x 3"



All students are photographed for school records at no charge!

L. Package DOWNLOAD your individual student portrait (High Resolution JPEG) & copyright.....\$30

F. 1-5x7
1-3x5
4 mini wallets **\$25**

H. 1-5x7
4-2x3 **\$26**



Mix & Match to create a Package!

- M. Add 2 photo magnets.....\$10**
- W. Add 8-2x3.....\$15**
- V. Add 16 mini wallets.....\$15**
- N. Add 4-3x5.....\$15**
- P. Add 2-5x7.....\$15**
- S. Add 1-8x10.....\$15**
- R. Digital Facial retouching.....\$7**
Remove zits and blemishes!

Student Name: _____ Teacher Name: _____ Package: _____

Payment: Credit Card Check# _____ Cash Venmo: www.venmo.com/kevin-hellriegel-1

CC# _____ Ex Date: _____ CVC: _____ Billing Zip: _____

Cardholder's Name: _____ Amount: _____

Paying with VENMO? Please let us know your SCHOOL, Student Name, Teacher's Name, & Package Choice!!

Return this form on or before School Photo Day to your teacher or the Main Desk!