**PHOTO ORDER FORM**

|  |  |  |  |
| --- | --- | --- | --- |
| Club | St Pats Baseball Club, Sutherland | Date |  |
|  |
| Team |  |
|  |
| Contact Name |  |
|  |
| Address |  |
|  |
| Mobile |  | Email |  |
|  |
| **Name (Please PRINT)** | **Team only$20** | **Team & Portrait $25** | **Amountowed** | **Amountpaid** |
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| Coach: |  |  |  |  |
| Assistant: |  |  |  |  |
| Manager: |  |  |  |  |