**PHOTO ORDER FORM**

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