

KDA 2017 Photo Day Form

Please make checks out to: Tim Early

Student Name: _____

Parent Name: _____

Phone: _____

Email: _____

Please check () what you have signed up for and provide requested details:

- Date of photo shoot & Time slot _____

Please indicate class and costume color for each time slot:

1- _____

2- _____

3- _____

4- _____

- Date of photo shoot & Group Time slot _____

Please indicate class and costume color for each time slot:

1- _____

2- _____

Payment information:

Individual time slot (\$45) x _____ (number of time slots) = \$ _____

Group slot (\$60) divided by # of students splitting this cost = \$ _____

Total = \$ _____

Circle method of payment: CASH / CHECK

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