



Address June-Nov.: 820 Rt. 28, Harwich Port, MA 02646

Dec to May: 2295 Belgian Lane, #3 Clearwater FL 33763

Hours: Mon-Friday 10am to 5 pm

Phone: 508-432-2266

email erlphoto@comcast.net or leadlady@comcasrt.net

2018 REGIONAL CHORUS PHOTOGRAPHY MASTER ORDERFORM

Region # _____ Chorus Name _____ # singers onstage _____

Costume (be specific with visible details) _____

Contact Name _____ Mail Address _____

City _____ State/Prov _____ Zip/PC _____

Day Phone (____) _____ - _____ Email _____

Please PRINT email clearly! No script

Photo Order: Please indicate total number of each print size you wish to order:

# of Photos	Size	Price Each	Total	# of Photos	Size	Price Each	Total
_____	8x18	@\$21.00	=\$ _____	_____	8x10	@\$16.00	=\$ _____
_____	8x16	@\$19.50	=\$ _____	_____	5x7	@\$15.00	=\$ _____
_____	8x14	@\$18.50	=\$ _____	_____	4x6	@\$ 7.00	=\$ _____
_____	8x12	@\$ 17.00	=\$ _____	_____	Wallet	@\$4.00	=\$ _____
				Sub-Total			

The Publicity File must be purchased to use any chorus photographs for publicity, including websites

Publicity File: \$20.00 =\$ _____

Up to 8x12 largest Size: \$10.00 for the whole order

8x14 to 8x18 largest Size: \$20.00 “ “ Shipping Fees: =\$ _____

Canadian Chorus Orders: \$30.00 for whole order

Make checks payable to Lilley Photography TOTAL ORDER=US\$ _____

Methods of Payment: PayPal, credit card or by check.

To Use PayPal: Go to www.paypal.com. Select “make a payment” from the menu. Enter payee as erlphoto@comcast.net. The program will ask you how much and your method of payment. **Type in the amount in US\$** and use your credit card as payment. That is it! You will get a receipt and you will not pay any service charges. PayPal will calculate the fair exchange rate for you. I will pay the service charges.

Bring this form with the check to the photo room in the pattern unless we are doing ON STAGE Photos. In that case bring the order form and check to the Chorus Briefing. If you are not going ask your Director/Team Leader.

Credit Card Info. Card Number _____

Exp. _____ CVC# _____ Name _____

Street Address of Holder _____ ZipCode _____

If you are not the card holder I need the holders name and address