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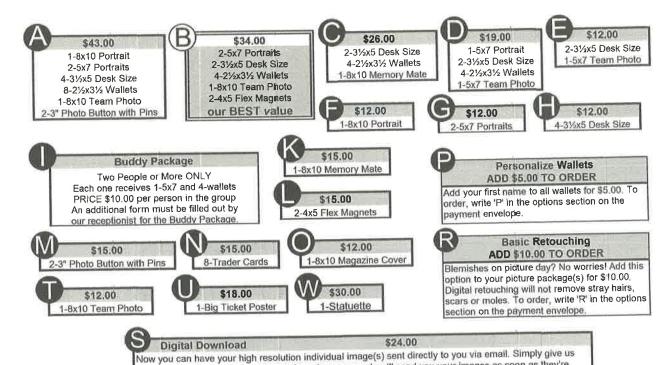
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### Assumption High School

Saturday, August 11, 2018

#### **FALL SPORT PICTURES**





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Staff	
Last Name:	Female
First Name:	
Street Address:	
City:	State: Zip:
Phone:	
Student Email Address:	. 2
Parent Email Address:	
Student ID:Grade: _	Room#/Period:
Coach's Last Name:	Coach's First Initial:
Printed Name (for personalized products)	
Organization:	
Uniform #:Team Level;	
(If purchasing trader cards, fill in the informa-	tion below.)
Position: Height:	Weight: Age:

Package Letter(s) Option Number(s) Total Package Amt. \$ Total Option Amt. \$  Total Amount Paid \$	CASH  Money Order  CHECK#  ONLINE PREPAY  Reference ID  Confirmation #
pay online today at	(receipt enclosed)  V/SA  MALIFICATI  DISCOVER

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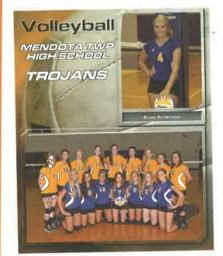
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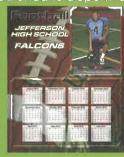
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