



# Picture Money Envelope

Dancer's Name \_\_\_\_\_

Parent's Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone H \_\_\_\_\_ W \_\_\_\_\_ Cell \_\_\_\_\_

Email Address \_\_\_\_\_

\*\*\* PLEASE FILL IN CONTACT INFORMATION \*\*\*

## FDA CLASS INFORMATION (ONLY FOR PHOTOS BEING TAKEN)

	Class #	Day	Time	Class Name	Teacher	Total for Each Dance
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						

Please make checks payable to  
**Deborah Ware Photography**

Complete Order Subtotal \_\_\_\_\_

Sitting Fee 10.00

Total Enclosed \_\_\_\_\_