## James Campbell High School MU 2023-2024

Each student will be photographed for yearbook and school records regardless of purchase at no charge.

**Grades 9-11 Purchase:** Select one or more of the following packages and return the EXACT PAYMENT to the photographer along with this form. Cash or check accepted on picture day. Or order online by 11/30/23

Picture Day on Campus: **December 2, 2023** 

Each student must have their own completed order envelope to give to photographer on picture day.

- Cash payment on picture day must be in the exact amount photographers do not carry change.
- Make checks payable to: Expressions Portrait Design All checks are subject to \$30.00 return check fee.
- Place your order online on or before **November 30, 2023**. Please note that an online processing fee will apply to purchase. Go to: www.expressionshawaii.net

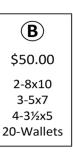
Scroll down and click Yearbook and Sports CLICK HERE

Enter code JCHF2023 in box located below "Private Gallery Search"; click Search. Place your order.

Complete ALL required information on this order form; write Online Order ID number in the space provided. Have student give order form to photographer on picture day. Or show online receipt on mobile device.

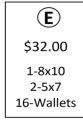


Circle Background Color













Add On items below available ONLY with the purchase of picture package A - H. Add On Items are not sold separately.

Add On K: Add Retouching to your package (Softens Facial Blemishes) \$8.00
Add On L: Add 1-8x10 to your package \$10.00
Add On P: Add 8-Wallets to your package \$10.00
Add On Q: Add a Digital Copy of your image to your package \$18.00 (includes Copyright)

Select a background color.

If a color is not indicated, GREY will be used.

Colors are not exactly as shown.

Cash payment must be EXACT amount - photographers do not carry change. Make checks payable to: Expressions Portrait Design

Grey	Green	Blue	Red	Purple		Please Print:	Grade		
Circle Pa	ackage(s)								
Д	В С	D D	Е	G	Н	Student's First Name	Student's Last Name		
Circle A	dd Ons (Ava	ilable only w	ith purcha	se of Package	e A-H)				
K I	L P Q					Parent/Guardian's Name	Parent/Guardian's Contact N	Parent/Guardian's Contact Number	
Гotal Ar	nount Enclo	sed: \$				Address	City	Zip	
Online (	Order ID Nu	ımber:							
						Email Address			

DO NOT write in box. STUDIO USE ONLY