



SHUTTERSTARS
com

www.shutterstars.com info@shutterstars.com

Athlete Information Form

FAMILY NAME: _____

ATHLETE(S) NAME: _____

EMAIL (PLS PRINT NEATLY): _____

CELL (or best number to call): _____

☐

Check this box if you would like Shutter Stars to select a \$20 package for you. (4- 3x5's individual)

Payment Due on Photo Day. Checks payable to: Shutter Stars
(\$25 return check fee)

CASH, CHECK OR CREDIT/DEBIT CARDS ACCEPTED

Total Amount: \$20.00

Name (As it appears on your card): _____

Visa/MC/Amex # _____ **Exp.** ____/____

Security code _____ **Zip code (for card)** _____



This is for a Buddy Shot!