

I hereby authorize Colorgraphics, Rochester NY, to charge my charge card for my child's photos.

Parent or Cardholder's Name \_\_\_\_\_ **Please Print**

Athlete or Child's Name \_\_\_\_\_

Phone Number <sup>Area Code</sup> (       ) \_\_\_\_\_

Card Number \_\_\_\_\_

Amount \$ \_\_\_\_\_ Expiration Date \_\_\_\_\_

Visa

M/C

AmEx

Disc

Card Holder Signature \_\_\_\_\_ Today's Date \_\_\_\_\_

This space is for office use only Client # \_\_\_\_\_ Photo # \_\_\_\_\_