

Holiday Photo Sessions



Merrimac Senior Center and Levarity's Photography are joining together for a Holiday Photo shoot! Two inside settings: One with a backdrop and Holiday props. The other is with a holiday theme backdrop and One outside setting (weather permitted).

Where: Merrimac Senior Center 100 East Main St., Merrimac, Ma. 01860

When: Saturday December 7, 2019 from 10:00 a.m. to 4:30 p.m.

What's included and How much: 1) Choose a background setting you want for your photo shoot. 2) Pick a package or individual print sizes from the order guide (you can also order Holiday Greeting cards). 3) Place your order (it will take 7-9 days to receive your order. When and where do you receive your pictures. I will deliver them to you as I get them in. Book an appointment for a time slot by calling or texting Levarity's Photography @ (857) 472-4413 or Levarity's Photo Facebook page. Walk-ins are always welcome.

20% of the proceeds go back to Merrimac Senior Center.

Levarity's Photography Picture Packages

School/ Organization Name: _____

Picture Date: _____

Choose Your Packages

<p>A Package A \$40</p> <p>1 - 8x10 Print 2 - 5x7 Prints 2 - 3.5x5 Prints 1 - 5x7 Print + 4 Wallets 8 - Wallets</p>	<p>B Package B \$35</p> <p>1 - 8x10 Print 2 - 5x7 Prints 4 - 4x5 Prints 8 - Wallets</p>	<p>C Package C \$29</p> <p>1 - 8x10 Print 4 - 4x5 Prints 1 - 5x7 Print + 4 Wallets 8 - Wallets</p>	
<p>D Package D \$20</p> <p>1 - 8x10 Print 1 - 5x7 Print 8 - Wallets</p>	<p>By Signing below I grant Levarity's Photography full rights to use images of myself and/or my child resulting from the photography/video filming, and any reproductions or adaptations of the images for publicity, fundraising or other purposes. This might include (but not limited to), the right to use them in their printed and online publicity, social media, press releases and funding applications.</p>		

Child's name _____
 Parent/guardian name _____
 Parent/Guardian signature: _____

Thank you for your order!

Complete Order Form

Fill in information below. Please print clearly. We cannot accept responsibility for illegibility or misspelling.

Child's Name		Package/Item		Price		Qty		Total
Parent's Name								
Mailing Address								
City	State	Zip						
Phone								
Parent's Email								
Cash: \$ _____								
Credit Card: Name on Card: _____								
Card Number: _____	Exp. Date: _____							
CVV: _____	Zip Code: _____							
Check: _____	(There will be a \$50.00 fee for any returned check)							

Office use only

Subtotal: _____
 Tax: _____
 Total: _____