



Video Images will be providing the videography and photographs. They have over 10 years experience including the videography of the Annual Wilmington Delaware Skate Show, which is very similar to Wiscapades. For more information visit their website: www.videoimagesonline.com

This year we are offering a DVD of either the Friday or Saturday night show. DVDs can be personalized with your child's group or individual photo at no extra cost. All DVD orders must be placed by the end of March 2009.

PHOTO AND/OR DVD ORDER FORM

Portraits of the individual skaters and portraits of the ensemble groups will only be shot on dress rehearsal night March 12th. Photos need to be pre-ordered by March 12th.

DVDs (\$30 for one night or \$50 for both nights)

___ Friday night with photo on cover: name of skater/group _____

___ Friday night without photo on cover

___ Saturday night with photo on cover: name of skater/group _____

___ Saturday night without photo on cover

Photographs (deadline for photo orders – **March 12th**)

___ Package ___ for 1st skater's individual photo: name of skater _____

___ Package ___ Ensemble group photo: _____

___ Package ___ for 2nd skater's individual photo: name of skater _____

___ Package ___ Ensemble group photo: _____

___ Package ___ for 3rd skater's individual photo: name of skater _____

___ Package ___ Ensemble group photo: _____

<p>Package A \$15.00 2– 5 x 7" prints Individuals or Ensemble groups</p>
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<p>Package B \$10.00 1– 5 x 7" print Ensemble group or Individual print</p>

<p>Package C \$10.00 1– jpg file of Ensemble group or Individual *Emailed to you</p>
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___ Total DVDs \$ _____

___ Total Photo Packages \$ _____

TOTAL \$ _____

___ Check payable to WSC attached.

___ Club Members Only, charge my WSC account.

Thank you for supporting the Wiscapades and enjoy the show!



Wissahickon Skating Club
550 West Willow Grove Avenue
Philadelphia, Pa. 19118, (215) 247-1759

Expected delivery date on or before April 15th.

For office use: Check # _____ amount \$ _____ date _____

Parent _____

Skater _____

Address _____

Telephone _____

*Email _____

Card number _____ Expiration date: VISA Master Card Discover

Name on card _____

Signature _____

