4041 Shady Oak Drive
Marion, Iowa 52302
319-365-7347
1-888-771-6765
www.ElitePhoto1.com
Info@ElitePhoto1.com

Dear Parent,

Elite Photography is pleased to be the official photographer for your schools' Commencement Ceremony. Following the ceremony, we will provide you with proofs of your graduating senior from the event. There is no cost to you for this service, however, NO PROOF WILL BE PROVIDED unless you fill out and return the form below, including valid e-mail address. There is no obligation to purchase any photos from the event, but ***we cannot provide those photos without the information on this card***. The primary delivery method for the proofs will be via e-mail so please fill out one email at a minimum. We will provide proofs to as many email addresses as you like for no additional charge, so feel free to include as many additional emails of friends and family as you like (use the back of the page, as needed). Your email will be used specifically to notify you about photos related to your Senior; we respect your privacy, so your email will not be sold or distributed. Before Commencement, please complete this form and return in the envelope provided, or send it to:

Elite Photography
4041 Shady Oak Drive
Marion, Iowa 52302

Thank you for your time and congratulations on your child's achievement.

Sincerely,

Kevin L. Kamp
Elite Photography

School:_____ **Month/Year Graduation** _____

"We Shoot the Good Guys"
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Marion, Iowa 52302
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Dear Customer,

You will be receiving a proof of the photo being taken at this event in the mail and also via E-Mail. Please fill out the information below so that we may send you this proof at no cost or obligation to you. We have included space for two e-mail addresses. Please include a 2nd e-mail for a parent, relative or other person that might wish to receive a proof of this special event. If you have any questions about this form, please feel free to contact us at: 319-365-7347, toll free: 1-888-771-6765, or Info@ElitePhoto1.com.

PHOTOGRAPHER USE ONLY

ROLL ___ - SEQUENCE ____

PHONE NUMBER ___ - ___ - ____

PLEASE PRINT CLEARLY WITH DARK INK!

YOUR FIRST NAME ◆ **YOUR LAST NAME**

YOUR PERMANENT ADDRESS

CITY ◆ **STATE** ◆ **ZIP CODE**

YOUR E-MAIL

2nd E-MAIL ***(parent, relative or other person)***

I AM:
- Male ☐
- Female ☐

I HAVE:
- Glasses ☐
- Moustache ☐
- Beard ☐

MY HAIR IS:
- Long ☐ Short ☐
- Blonde ☐
- Brown/Black ☐
- Red ☐