

Millard West High School

5710 So. 176th Ave. Omaha, NE 68135

402-715-6000 402-715-6060 fax

www.mpsomaha.org/mwhs/index.htm

Go Wildcats!

BACK TO SCHOOL PROCESS

FRIDAY, AUGUST 1st (9:00 A.M. – 3:30 P.M.)

MONDAY, AUGUST 4th (11:00 A.M. – 6:00 P.M.)

Greetings and welcome to the 2014-15 school year! Enclosed in this electronic document is the required paperwork for the back to school process. Please read, complete, print, sign, and bring these forms to Millard West High School during the back to school orientation, Friday, August 1st (9:00 A.M. – 3:30 P.M.) or Monday, August 4th (11:00 A.M.-6:00 P.M.). The make-up date is Friday, August 8th (9:00 – 11:00 A.M.).

NEW THIS YEAR – Families can now manage school expenses online. Through Heartland Payment Systems, the same company that manages MyLunchMoney.com, families can access their own online account, pay expenses and conveniently shop for school items.

* Please remember all fines must be paid before student/parents can go through the back to school process. If you have any questions or are unable to access or print these from your home, please call the school office 715-6000.

**MILLARD PUBLIC SCHOOLS
HEALTH/EMERGENCY FORM**
THIS SIDE **MUST** BE REVIEWED YEARLY.

Student _____ Male Female Teacher/Grade _____
 Address _____ Phone _____
 Please list any **Health Issues** or **Allergies** that we should be aware of: _____

Medications taken at home: _____
 Medications taken at school: _____

In case of an emergency or illness, list all numbers where you can be reached:

Mother's Name	Work Place/Hrs.	Wk. Phone #	Cell Phone #
Father's Name	Work Place/Hrs.	Wk. Phone #	Cell Phone #
Legal Guardian's Name	Work Place/Hrs.	Wk. Phone #	Cell Phone #

Custodial Parent: (if legal custody has been set)

Birth/Adoptive Mother _____ Birth/Adoptive Father _____ Both _____ Legal Guardian _____

In case of an emergency, and the above can't be reached, I authorize the school district to contact and release the student to the following persons in the order designated:

Name	Relationship	Home Phone #	Work Phone #	Other

Daycare Provider: _____ Phone # _____ Cell # _____
 Physician: _____ Phone # _____
 Dentist: _____ Phone # _____

Life threatening health information will be shared with building staff members who work with your student. If you do not want to have non-life threatening health information shared with staff members, other than the principal and school nurse, please send written documentation to the school nurse.

During normal school hours in life threatening situations, 911 will be called. If severe Asthma or Allergic reaction occurs, 911 will be called, injected Epinephrine will be administered, followed by nebulized Albuterol. Please inform the school nurse in writing if your student has a medical condition that would require this not to be implemented.

Parent/Guardian Signature (Required) _____ Date _____

If your child has ASTHMA or SEVERE ALLERGIES, please fill out backside of this form

**MILLARD PUBLIC SCHOOLS
STUDENT ASTHMA/SEVERE ALLERGY INFORMATION
MANDATORY YEARLY UPDATE**

COMPLETE THIS SIDE ONLY IF YOUR CHILD HAS ASTHMA OR SEVERE ALLERGIES

Student _____ Male Female DOB _____

Address _____ Phone _____

Parent/Guardian _____

Physician Treating Asthma: _____ Phone _____

Current status of your child's Asthma (Please check one) Mild Moderate Severe

Does your child use an "as needed" Inhaler? Yes No

If Yes, Inhaler Name _____

Does your child require any medication at school for Asthma? Yes No

Does your child use a Peak Flow Meter? Yes No

Students Normal Peak Flow's Green Zone: _____ Action: _____

Yellow Zone: _____ Action: _____

Red Zone: _____ Action: _____

Asthma Medication(s) taken: _____

Please identify the things that trigger an asthma episode for your child: _____

**SEVERE ALLERGY INFORMATION
COMPLETE THIS ONLY IF YOUR STUDENT HAS SEVERE ALLERGIES**

My child has a severe allergic reaction to the following: _____

Action taken for mild reaction: _____

Action taken for severe reaction: _____

Allergy medication(s) taken at home: _____

Allergy medication(s) taken at school: _____

Comments/Special Instructions: _____

Please submit medical Action Plan from physician if available

**MILLARD PUBLIC SCHOOLS INTERSCHOLASTIC EMERGENCY
INFORMATION CARD 2014-2015**

NOTE: THE COMPLETION AND RETURN OF THE FORM IS REQUIRED OF ALL STUDENTS.

(Please provide all requested information, print, then sign prior to submission to the school)

Student's Name		School <small>(choose one from drop-down menu)</small>		<input type="checkbox"/> Male	<input type="checkbox"/> Female
Age	Birth Date	Grade <small>(drop-down menu)</small>		Home Phone	
Student's Home Address				City and Zip Code	
Father's/Guardian's Name				Home Phone	
Work Phone			Cell Phone		
Mother's/Guardian's Name				Home Phone	
Work Phone			Cell Phone		
Emergency Contact Person <small>(if parents/guardians cannot be reached)</small>				Home Phone	
Work Phone			Cell Phone		
Medical Insurance Company			Medical Insurance Policy #		
Preferred Hospital					
Family Physician			Office Phone		
Family Dentist			Office Phone		
If student is now under medical treatment, why and the doctor's name					
Allergies					
Medicines Currently Taken					

- We give our consent for school officials or coaches to use their own judgment in securing aid and/or treatment, transportation, EMS, and/or ambulance service in case the parents cannot be reached, as indicated by our signatures below.
- We give our consent for the trainer, school personnel, and/or coach to apply emergency treatment until the parents can be contacted, as indicated by our signatures below.
- We give our consent to emergency medical treatment, hospitalization, or other medical treatment as may be necessary for the welfare of the above named child, by a physician or qualified nurse or doctor, in the event of injury or illness during all periods of time in which the student is away from his/her legal residence as a member of an interscholastic activity, team or group, and hereby waive on behalf of ourselves and the above named student any liability of the Millard Public Schools, any of its agents or employees, arising out of such medical treatment, as indicated by our signatures below.

Father's/Guardian's Name	
Mother's/Guardian's Name	
Parent/Guardian Signature _____	Date Signed _____

12th Grade Students Must Complete This Form

AUTHORIZATION FOR RELEASE OF TRANSCRIPT

Millard West High School
Omaha, Nebraska 68135

Student's Last Name	First Name	Middle Name
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Please Print

As the parent/guardian of a student under 18 years of age, or I, as an eligible student (a student 18 years of age), do authorize Millard West High School to release my transcript to colleges, scholarship programs or U.S. Military Branches to meet application requirements.

A one time \$5.00 transcript fee is required to cover the expenses for sending transcripts. Cash or check is acceptable. Checks should be made payable to Millard West.

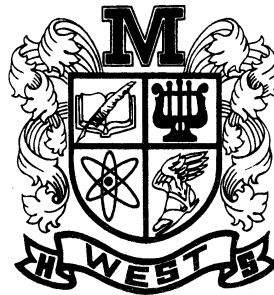
This authorization shall be deemed to permit the continuing release of the designated information until such time this authorization shall have been revoked in writing.

Date

Signature of Parent/Guardian or Eligible Student

For Office Use Only:

Date Fee Paid _____



MILLARD WEST HIGH SCHOOL
AUTO APPLICATION 2014-2015

STUDENT _____

GRADE _____

CAR MAKE _____ MODEL _____ YEAR _____ COLOR _____

LIC. PLATE # _____ DECAL # _____

Student Parking has been designated by the white spaces on the East and South sides of the building only.

Staff parking is posted and marked by **yellow**. Students are not allowed to use staff parking.

Students **must** have a parking decal displayed to park in designated student parking stalls.

If a student has purchased a decal, but drives a different vehicle to school, the student must register the vehicle in the **daily parking log** which is kept in the Attendance Office.

A **PARKING CHARGE (\$35.00)** is required to obtain a parking decal. According to Nebraska law all drivers must have a valid driver's license, current registration and insurance.

The parking decal is not transferable to any other vehicle, however a second decal can be purchased for a fee of \$5.00. The parking fee allows Millard West to employ an outside security person to monitor **school** parking areas.

Students with unpaid tickets at the end of each semester will be placed on the fine list and grades will be held until payment is made. Disciplinary action may also be taken in the case of unpaid tickets.

I _____, Agree that I will handle the vehicle I drive in a safe and courteous manner.

I AM TO PARK MY VEHICLE IN AN AREA DESIGNATED FOR STUDENT PARKING ON THE EAST or SOUTH SIDE OF THE BUILDING. I AM TO ABIDE BY THE ON-CAMPUS 10-MPH SPEED LIMIT AT ALL TIMES.

I must complete this auto application, turn it in to the Attendance Office, pay any outstanding fines, purchase and display a parking decal on my vehicle.

I UNDERSTAND THAT THIS PERMIT DOES NOT GUARANTEE ME A PARKING STALL ON CAMPUS, rather this permit allows me the privilege of parking on-campus if legal student parking is available.

I further agree, I will not make excessive noise by exhaust or wheels while in the parking area or around the school campus. I declare that I have a valid driver's license and will comply with the driving regulations as outlined in the student handbook. **I will not loan or sell my parking decal to any other student and will lose my parking privilege if I do so.**

I also understand that if I take up more than one parking stall, park on the grass, in a fire lane, on the sidewalk, median or handicapped parking, in a yellow or red NO PARKING area, my car may be towed at my expense. I may be placed in Thursday night school or may be ticketed and fined by the Douglas County Sheriff.

I further understand that the school is not responsible for any damage to vehicles or loss from theft. In addition, if through an investigation school officials have "reasonable suspicion" that there may be illegal items or substances in my vehicle, school personnel have the right to search my vehicle upon request. This waiver is agreed on in exchange for the privilege of parking on school property.

In Summary:

- 1. DRIVE SAFELY AND RESPONSIBLY**
- 2. PARK IN ASSIGNED STUDENT PARKING**
- 3. SIGN LOG BOOK IF NOT DRIVING YOUR REGISTERED CAR**
- 4. UNDERSTAND THAT PARKING IS A PRIVILEGE AND NOT A RIGHT**

If at any time I fail to abide by this pledge, I will forfeit my right to park a motor vehicle on school property, and expect other penalties deemed advisable by the school.

Student Signature _____ Date _____
Read application before signing

Parent Signature _____ Date _____
Read application before signing

MILLARD WEST

Wildcats

CLASS T-SHIRT ORDER FORM

Your last day to order is August 14th!

AVAILABLE IN ALL GRAD YEARS!



T-Shirts: \$12.00



Hoodies: \$30.00

T-SHIRTS & HOODIES AVAILABLE IN:

Black, Charcoal, White & Forest Green - Sizes S-3XL

	★ CIRCLE COLOR	★ CIRCLE CLASS YEAR	S	M	L	XL	2XL	3XL	COST PER	QTY	TOTAL DUE
T-SHIRT	BLACK - CHARCOAL - WHITE - FOREST	2015 - 2016 - 2017 - 2018	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$12.00		

	★ CIRCLE COLOR	★ CIRCLE CLASS YEAR	S	M	L	XL	2XL	3XL	COST PER	QTY	TOTAL DUE
HOODIE	BLACK - CHARCOAL - WHITE - FOREST	2015 - 2016 - 2017 - 2018	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$30.00		

GRAND TOTAL

SAMPLES AVAILABLE FOR VIEWING DURING ORIENTATION IN THE SCRATCHIN POST

Please return this order with payment to the Scratchin Post during orientation.

PAYMENT METHOD

Cash, Check, or Card

PLEASE MAKE CHECKS PAYABLE TO
Millard West High School

Name:
Phone Number:
Quality Time Teacher:

class of
2015 SENIOR PICTURE INFORMATION SHEET
because let's face it, you want to be pictured with your class

SENIOR PICTURE REQUIREMENTS:

- Full color digital image
(no black and white photos will be accepted)
- Neutral background (**no outdoor/distracting backgrounds**)
- Head and shoulders only (*looking directly into camera*)
- No full body shots or hands in photos will be accepted
- No props or objects allowed in photo

SENIOR PICTURE SUBMISSION:

DIGITALLY:

- 350 resolution needed
- 2 x 3 inches image size (at least)
- can submit photo on CD

EMAIL:

mrhilburn@mpsomaha.org

(make sure you receive a confirmation email to confirm receipt)

PRINT PHOTO:

- 2 x 3 inches (wallet size)
- smooth finish (no texture)
- clearly labeled: 'senior photo'

MAIL TO:

Millard West High School
c/o Prowler Yearbook
5710 South 176th Avenue
Omaha, NE 68135

SENIOR PICTURE REMINDERS:

- We will notify any individual whose senior photo does not meet the guidelines and allow exactly **one week** for resubmission within guidelines to ensure placement.
- We cannot guarantee publication of any senior photo submitted after the October 6, 2014 deadline. No expectations.
- Check with your photographer to ensure they are submitting the photo to the school (don't just assume they are).
- If NO senior photo is submitted, we will use the photo taken during registration (if taken) or the student's junior photo to increase coverage of all seniors in the yearbook.
- If you aren't planning on having your senior pictures taken, Jack Martin Photography can take your senior yearbook photo during registration (just dress nicely).
- Ultimately, it is the responsibility of the students and parents, not the yearbook staff, to ensure a senior photo is correctly submitted before the deadline.

**SENIOR PHOTO SUBMISSION DEADLINE:
MONDAY, OCTOBER 6, 2014**

ACCEPTABLE SENIOR PICTURES:

GIRLS



GUYS



QUESTIONS??

MR. MARK HILBURN

(PROWLER YEARBOOK ADVISER)

MRHILBURN@MPSOMAHA.ORG

402.715.6067

SENIOR PHOTO SUBMISSION DEADLINE: MONDAY, OCTOBER 6, 2014

remember and celebrate the year by purchasing your copy of the
2015 MILLARD WEST PROWLER YEARBOOK
don't wait, buy your lasting piece of Millard West history today

YEARBOOK PRICES:

\$60 Introductory Price: (valid through August 29, 2014)

\$70 August 30, 2014 - November 26, 2014

ALL Yearbook sales end Wednesday, November 26th
(no exceptions)

A limited number of yearbooks will be sold during distribution for **\$80**

The Prowler Yearbook is a self-supporting program and receives no school funding.

YEARBOOK ORDER INFORMATION:

Student Name: _____

Date: _____ Phone number: (_____) _____ - _____

Grade: _____ QT Teacher: _____

Total # of Yearbooks: _____

(please use a seperate order form for each student)

Total Paid: \$ _____

Payment: Check #: _____ Cash: _____

(make checks payable to Millard West High School)

Yearbooks may be purchased during registration or mailed to Millard West High School

If mailing, please send to:

Millard West High School
c/o Prowler Yearbook
5710 South 176th Avenue
Omaha, NE 68135

**INTRODUCTORY PRICE ENDS
FRIDAY, AUGUST 29, 2014**

HELP US COVER YOU:

Please list your activities, hobbies, interests:

HAVE AN INTERESTING STORY IDEA?

Briefly explain your story and include contact information

QUESTIONS???

MR. MARK HILBURN
(PROWLER YEARBOOK ADVISER)
MRHILBURN@MPSOMAHA.ORG
402.715.6067

INTRODUCTORY YEARBOOK PRICE ENDS FRIDAY, AUGUST 29

class of
2015 SENIOR TRIBUTE INFORMATION SHEET

give your senior a lasting memory by purchasing a senior tribute today

SENIOR TRIBUTE INFORMATION:

Student Name: _____

Parent(s): _____

Phone number: _____

email address: _____

Please send to:

Millard West High School
c/o Prowler Yearbook
5710 South 176th Avenue
Omaha, NE 68135

SENIOR TRIBUTE REMINDERS:

- No photographer or pre-designed layouts. Please submit the elements and allow the senior tribute editors to design.
- To have photos returned: submit a self-addressed, stamped envelope along with the tribute materials.
Please note: Items may be returned as late as April.

QUESTIONS???

MR. MARK HILBURN (PROWLER YEARBOOK ADVISER)
MRHILBURN@MPSOMAHA.ORG 402.715.6067

**SENIOR TRIBUTE SUBMISSION DEADLINE:
MONDAY, OCTOBER 6, 2014**

SENIOR TRIBUTE SIZES/PRICING:

Check ad type/size desired:

_____ 1/8 (\$70) 1 photo/20 words max.

_____ 1/4 (\$100) 2 photos/40 words max.

_____ 1/2 (\$200) 4 photos/60 words max.

_____ full page (\$400) 8 photos/100 words max.

Total paid: _____ Check #: _____
(make checks payable to Millard West High School)

photo(s) submitted on CD: _____

photo(s) submitted hard copy: _____

total # of photos: _____

ALL materials MUST be submitted together.
NO senior tribute images will be accepted electronically. Either include .jpg image(s) on a CD, or send in hard copy photos.

Emailed senior tribute images (including images from photographers) will NOT be accepted this year.

SENIOR TRIBUTE MESSAGE:

Message: *(please print clearly or attach typed message)*

SENIOR TRIBUTE SUBMISSION DEADLINE: MONDAY, OCTOBER 6, 2014



POST PROM NEEDS YOU!

The "Party of the Year" planning is going on now, but we need your help! We have over 1100 students that attend Post Prom each year and the party is put on solely by parents. This means we have over 2200 parents that could be helping us today. **WE NEED YOUR HELP!!** This is a great way not only to give your kids a fantastic memory but keep them safe on Prom Night and meet other parents in the process. All Millard West parents are invited to help no matter what grade your child is in.

We are also looking for Planning Leaders in the following areas: Decorations, Prizes, Raffle Baskets and Marketing/Public Relations. Come see what it is all about and get answers to all your questions at our first meeting on Tuesday, September 16th in Room 175 for more details.

If you are unable to attend, please contact Kim Gagne, Head Chair (millardwest_postprom@yahoo.com) at 402-850-0989 for more information about what you can do to help!

Check out Post Prom's website and Facebook for schedule updates:

Donation & Planning Committee Volunteer Sign-Up

Parent Name _____ Email _____

Phone _____ Student Name _____ Grade _____

Donation Attached: \$ _____ (\$30 suggested)

YES! I would like to help! Check all that interests you!

- Decorations (Painting, cutting and more)
- Prizes (Letter preparation, prize follow up & pick up, raffle baskets)
- Entertainment (Plan games, Texas Hold em' Tourny)
- Food Area
- Front Door & Ticket Sales
- Set up and Night of Post Prom Help
- Please contact my business for a donation

Make Checks Payable to Millard West Post Prom.

**Mail to: Post Prom
c/o Millard West
5710 S 176 Ave
Omaha, NE 68135**

BUILD YOUR OWN PACKAGE!

4 Sheets = \$30.00

Choose any combination of 4 sheets.

- 1 - 8x10 Portrait = 1 sheet
- 2 - 5x7 Portraits = 1 sheet
- 4 - 3x5 Portraits = 1 sheet
- 8 - 2x3 Wallets = 1 sheet
- 16 - Exchanges = 1 sheet



A3 2 - 8x10 Portraits **\$39.00**

- 2 - 5x7 Portraits
- 2 - 3x5 Portraits
- 4 - 2x3 Wallets
- 16 - Exchanges
- 1 - Portrait CD

Plus Wallet Special...8 - 2x3 Wallets

A Without Wallet Special **\$30.00**

B3 1 - 8x10 Portrait **\$30.00**

- 2 - 5x7 Portraits
- 2 - 3x5 Portraits
- 4 - 2x3 Wallets
- 16 - Exchanges

Plus Wallet Special...8 - 2x3 Wallets

B Without Wallet Special **\$21.00**

C3 1 - 8x10 Portrait **\$26.00**

- 2 - 3x5 Portraits
- 4 - 2x3 Wallets
- 16 - Exchanges

Plus Wallet Special...8 - 2x3 Wallets

C Without Wallet Special **\$17.00**

D3 1 - 5x7 Portrait **\$23.00**

- 2 - 3x5 Portraits
- 8 - Exchanges

Plus Wallet Special...8 - 2x3 Wallets

D Without Wallet Special **\$14.00**

E3 2 - 3x5 Portraits **\$21.00**

- 2 - 2x3 Wallets
- 12 - Exchanges

Plus Wallet Special...8 - 2x3 Wallets

E Without Wallet Special **\$12.00**

F3 2 - 3x5 Portraits **\$18.00**

- 8 - Exchanges

Plus Wallet Special...8 - 2x3 Wallets

F Without Wallet Special **\$9.00**

OPTIONS

Add extra pictures or effects!

- #1 1 - 8x10 Portrait.....\$9.00
- #2 2 - 5x7 Portraits.....\$9.00
- #3 8 - 2x3 Wallets.....\$9.00
- #4 16 - Exchanges.....\$9.00
- #5 4 - 3x5 Portraits.....\$9.00
- #6 Edged Black & White.....\$10.00
2 - 5x7's with Edged border in Black & White.
- #7 Magnetic Calendar*.....\$12.00
8x10 Calendar with image, name and year.
- #8 Fun Pack*.....\$10.00
Laminated items with image and name.
- #9 Chore Chart*.....\$10.00
Magnetic 5x10 Chart with image and name.
- G Signature Mat*.....\$12.00
8x10 size with portrait, name and space for signatures.
- H Reflections*.....\$12.00
Multi Image print with portrait, name and year.
- I iPhone 4/4S Cover*.....\$20.00
iPhone cover with image and name.
- J iPhone 5/5S Cover*.....\$20.00
iPhone cover with image and name.
- K Key Tags*.....\$8.00
3 plastic Key Tags with image, name and year.
- L Portrait CD with package purchase.....\$15.00
without package purchase.....\$25.00
CD with student image and copyright release.
- M Magnets*.....\$12.00
4 - 2x3 color magnets with image, name and year.
- N Dry Erase Board*.....\$12.00
Magnetic 8x10 with image, name and year.
- O Scrapbook Page*.....\$10.00
8x8 display print with multi images, name and year.
- P Personalization*.....\$7.00
First name and year printed in the corner of all portraits.
- Q Bookmarks.....\$10.00
5 Metallic Bookmarks with image.
- R Retouching.....\$8.00
We retouch major blemishes, scrapes, and scratches on the face plus whiten the teeth.
- S Soft Focus.....\$6.00
A slight overall softening of facial features.

Charge Card Information

PLEASE COMPLETE ONLY IF PAYING BY CHARGE CARD

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Exp. Date _____ / _____ Payment Amount \$ _____

Phone # _____

Printed Name on Card _____

Signature _____

Detach and place inside payment envelope.

Payment by check is your express authorization that any returned check may be re-presented to your account electronically or as an IRD along with a separate EFT or demand draft for the maximum returned/dishonored check fee as allowed by state law.

State check fee amounts are available at www.statecheckfees.com or by calling 1-800-460-0124

PAYMENT AND ORDER FORM

Please use a separate form for each student

**Millard West High School
PICTURE DAY:
During Registration - 2014**

1 Please PRINT!

Student Name _____

Grade _____ Teacher _____

Phone # _____

This is a **pay-in-advance** program.
Each student will be photographed, but to receive a portrait package you must send payment with your order.
As always, your satisfaction is guaranteed.

IMPORTANT NOTE TO PARENTS:
A separate order envelope is **REQUIRED** for each student.
If paying for more than one student, you may include full payment in one envelope, but you **MUST** complete a separate envelope with ordering information for each additional student and note your payment arrangements.

Notes to Photographer

Please enclose exact cash, charge card information, or check payable to **Martin Photography**.
Thank You!



Omaha (402) 333-3393 Toll-free 866-837-5023
www.martinschoolphotography.com

2 BUILD YOUR OWN PACKAGE

Choose any combination of 4 sheets

Qty	Subtotal
1 Sheet (#1) 1 - 8x10	ANY
1 Sheet (#2) 2 - 5x7	4
1 Sheet (#3) 8 - Wallets	SHEETS
1 Sheet (#4) 16 - Exchanges	FOR
1 Sheet (#5) 4 - 3x5	\$30.00

3 Packages Qty Subtotal

Package	Qty	Subtotal
A3	\$39.00	\$
B3	\$30.00	\$
C3	\$26.00	\$
D3	\$23.00	\$
E3	\$21.00	\$
F3	\$18.00	\$
A	\$30.00	\$
B	\$21.00	\$
C	\$17.00	\$
D	\$14.00	\$
E	\$12.00	\$
F	\$9.00	\$

4 Options Qty Subtotal

Option	Qty	Subtotal
1 1 - 8x10	\$9.00	\$
2 2 - 5x7	\$9.00	\$
3 8 - 2x3 Wallets	\$9.00	\$
4 16 - Exchanges	\$9.00	\$
5 4 - 3x5	\$9.00	\$
6 Black & White	\$10.00	\$
7 Calendar*	\$10.00	\$
8 Fun Pack*	\$10.00	\$
9 Chore Chart*	\$10.00	\$
G Signature Mat*	\$12.00	\$
H Reflections*	\$12.00	\$
I iPhone 4/4S Cover*	\$20.00	\$
J iPhone 5/5S Cover*	\$20.00	\$
K Key Tags*	\$8.00	\$
L Portrait CD	\$15/\$25	\$
M Magnets*	\$12.00	\$
N Dry Erase Board*	\$12.00	\$
O Scrapbook Page*	\$10.00	\$
P Personalization*	\$7.00	\$
Q Bookmarks	\$10.00	\$
R Retouching	\$8.00	\$
S Soft Focus	\$6.00	\$

5 Print first name if ordering 7, 8, 9, G, H, I, J, K, M, N, O, P.

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10 letter maximum

6 Total Amount \$