

Alan Shepard Elementary School



933 N CONVENT ST • BOURBONNAIS, IL 60914 • 815-932-1230

It's Time to Order Your Yearbook!

On Sale NOW

through February 25th

Only \$16

Online Ordering Option

Visit IG.OnlinePhotoCart.com

Access Code: ASE2022

Online ordering available until February 25, 2022 at midnight.
If online pre-order is placed, there is no need to turn in an envelope.

**Late orders CANNOT be accepted
by Image Group.**

*Please contact your child's school about
ordering a book after the order deadline.*

IMPORTANT INFORMATION

- 1) Yearbook orders require payment in full at the time order is placed.
- 2) Fill in ALL information requested on envelope below. Please print clearly.
- 3) Make checks payable to **Image Group Photography**. Checks returned for any reason, including but not limited to Insufficient Funds, Closed Accounts, and Stop Payments, are subject to a \$35.00 Returned Check Fee. We reserve the right to recover the costs of collection of delinquent accounts, including court costs, reasonable attorney and/or collection agency fees. Declined credit card payments will be assessed a \$10 declined transaction fee. *Your use of a check or credit card as payment is your express authorization of this policy and its terms.*
- 4) Enclose EXACT payment and detach order envelope. Give the order envelope to the front office or to your child's teacher.
- 5) All prices include state and local taxes.
- 6) Yearbook orders will be distributed by the school in May.

Questions?

Please call us at 815-932-1230.

We are here Monday-Friday from 9am-5pm.

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PLEASE PRINT CLEARLY WITH DARK INK MAKE CHECKS PAYABLE TO IMAGE GROUP PHOTOGRAPHY

Please turn in one order form per child. Multiple copies ordered on a single form will be labeled for delivery to the student's name indicated below.

OFFICE USE ONLY

Phone:

E-mail Address*:

* Provide email address to receive future offers from Image Group Photography

Parent Name:

Student Name:

School: Grade:

Homeroom Teacher:

CASH:

CHECK:

CC:

ASE YB

MANDATORY INFORMATION
This area must be filled out completely.

Quantity:

TOTAL \$ AMOUNT \$.00

CARD NUMBER:

BILLING ZIP CODE: 3-DIGIT CODE: EXPIRATION DATE: CARDHOLDER SIGNATURE: