

Pose Selection Reply Form

First Name: _____

Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Area Code: _____ Telephone: _____

Email Address: _____

Pose Selection 1: _____

Use the space below to list additional pose selections (only for multiple pose photo packages)

Pose Selection 2 : _____

Pose Selection 3 : _____

Submit any comments, questions or special requests below:

Please return this form to:
JOE CROCCO PHOTOGRAPHY
10 Church Street
Pine Bush, NY 12566