Galeone
PHOTOGRAPHERS & COLOR LAB
104 Lakefront Drive Cockeysville, MD 21030
410-252-5355 admin@galeonephoto.com

White Marsh Baseball League

~Individual/Team Pictures ~

May 5, May 6 & May 7, 2026

Location for Pictures: **Chapel Hill Elementary**

Please see schedule by **Travis Badore**

Please be on time so you are included in your team photo.

Sorry our schedule doesn't allow us to retake a team photos if someone is late.

TO RECEIVE CORRECT PICTURES CLEARLY PRINT *ALL* INFORMATION BELOW

Player's
First & Last Name_____

Phone # _____

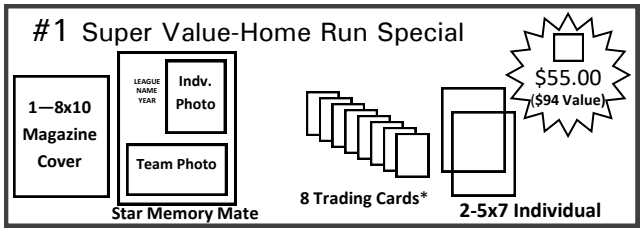
Email_____

Team Name _____ Uniform # _____ Age Group ____ _

Head Coach's Name_____

Order form and payment MUST be completed before photo is taken. Enclose exact payment, write online payment confirmation code or credit card information below. Once these steps are finished please see photographer.

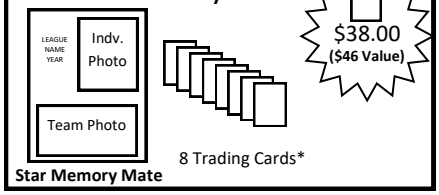
#1 Super Value-Home Run Special



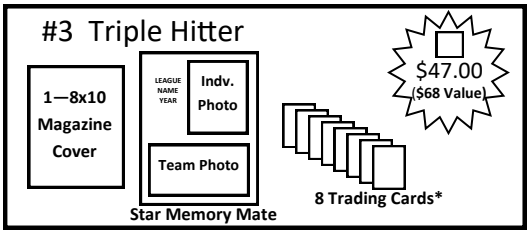
DIGITAL FILE

☐ INDIVIDUAL POSE ONLY
$35 ELECTRONIC FILE
SENT TO EMAIL LISTED ABOVE

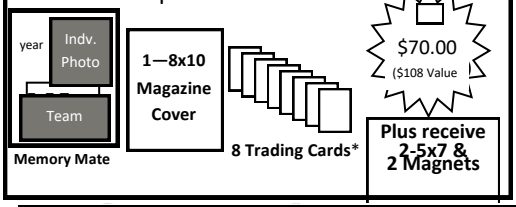
#2 Double Play



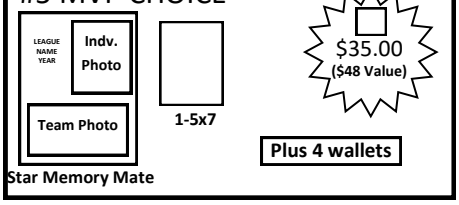
#3 Triple Hitter



#4 Ball Shaped Frame



#5 MVP CHOICE



A LA CARTE

#7	STAR MEMORY MATE	☐ $24
#8	TRADING CARDS(8) (*MEMO: COMPLETE STATS BELOW*)	☐ $23
#9	8X10 INDIVIDUAL PHOTO	☐ $21
#10	MAGAZINE COVER	☐ $22
#11	2-5X7 INDIVIDUAL PHOTO	☐ $21
#12	2-KEY CHAINS/PHOTO	☐ $24
#13	3" SPORT BUTTON	☐ $12
#14	8-SPORTS TICKETS / PHOTO	☐ $20
#15	2-4X5 PHOTO-MAGNETS	☐ $23
#16	1-MOUSE PAD	☐ $33
#17	1 CALENDAR/IND PHOTO	☐ $20
#19	1 –5X7 TEAM PHOTO	☐ $13

"Add On" Special Price ☐ **$17**

Buy Pkg. #1 thru #16 & Purchase 2-5x7's + 8 wall for $17. (May not be purchased if team is only item purchased)

ORDER FORM MUST BE HANDED TO PHOTOGRAPHER, OR PHOTO WON'T BE TAKEN!

_____

PRINT CARDHOLDER'S NAME ABOVE

_____

Month Year-
EXP: ____ / ____

*3 dig Sec Code*_____

Pay Online - Credit Card or PayPal

go to www.GaleonePay.com

WRITE ONLINE PAYMENT CONFIRMATION CODE #:_____

MAKE CHECK OR MONEY ORDER PAYABLE TO GALEONE PHOTOGRAPHERS.

If paying by check, please include child's name, and phone number on check. Thank you.

Please Circle One: Cash Check Charge Online

Write ***TOTAL*** amount purchased.
sales tax and shipping is included in prices.

$_____

List ***ALL*** packages or items purchased:

Please print clearly below:

Name_____

Address: _____Apt #____

City, State Zip_____

COMPLETE STATS FOR

TRADING CARDS ONLY

PLEASE PRINT CLEARLY.

We are not responsible for misspelling due to illegible handwriting.

PLAYER'S
FIRST NAME _____

PLAYER'S
LAST NAME _____

AGE: _____

TEAM NAME _____

COACH'S NAME _____

Image #

Photographer