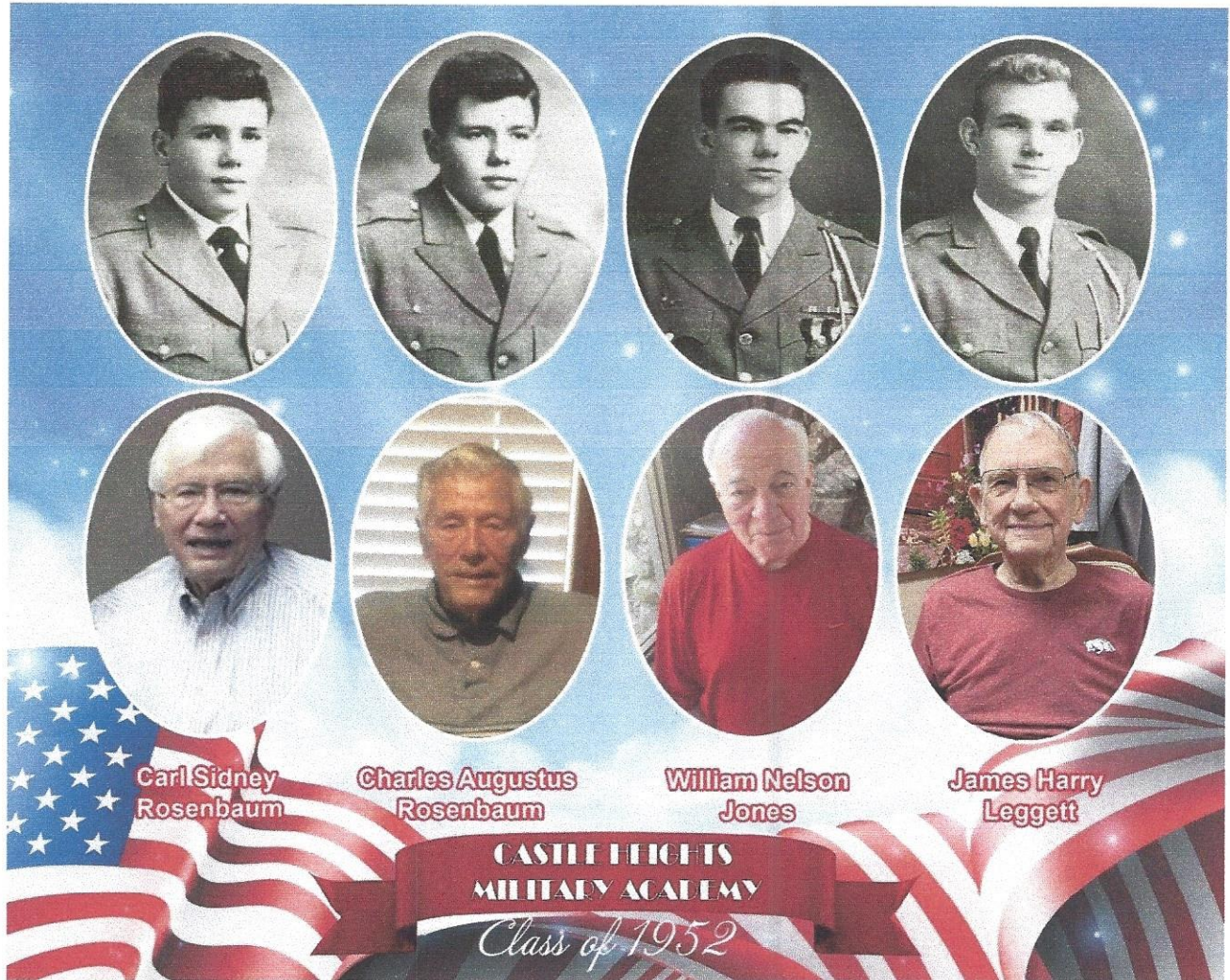


# Castle Heights Military Academy

## Commemorative Photo Order Form



Castle Heights Military Academy was much more than just another school. For each cadet, it became a huge part of his or her life. The total involvement in social and academic activities created memories that remain for an entire lifetime. The sounds, vocabulary, images, and even smells will forever linger in our thoughts.

The above cadets graduated in year \_\_\_\_\_

### **Your Photo**

Please include a current picture of each cadet who wishes to be in the photo. The photo should be a head and shoulder type image, as shown in the example photo. A plain solid background works best; however we can work with what you send us. The photo should be a good quality image taken with your phone, or digital camera.

### **Pricing**

The price includes the design of the photo, printed as a full color 8x10. Includes shipping within the United States

I would like to order \_\_\_\_\_ Photos @ \$50 each

Please send a check or money order to:

Carl Rosenbaum

4801 Northshore Drive

North Little Rock, AR 72218

\$50 will be donated to the Heights National Alumni Association in your name.

I hope you enjoy your Castle Heights Military Academy Commemorative Photo as much as I have. Please contact me if you have any questions.

Thank You,

Carl Rosenbaum '52

501-940-1400



We would love to create one of these beautiful 8x10 commemorative photos designed just for you! We can create this image for up to 4 cadets who graduated in the same class.

How to order: Please email Carl Rosenbaum the following information at [csr@agcc.net](mailto:csr@agcc.net)

Names of cadets to be included in photo

Name \_\_\_\_\_  
Email \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_  
Phone# \_\_\_\_\_

Name \_\_\_\_\_  
Email \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_  
Phone# \_\_\_\_\_

Name \_\_\_\_\_  
Email \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_  
Phone# \_\_\_\_\_

Name \_\_\_\_\_  
Email \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_  
Phone# \_\_\_\_\_