## ORDER FORM
**Use separate order form for each book**

14.95 ☐ Flintstones (12” x 9”)
14.95 ☐ Justice League (12” x 9”)
14.95 ☐ The Looney Tunes (12” x 9”)
16.95 ☐ My Baby Book (12” x 9”)
12.95 ☐ Batman (9” x 6”)
12.95 ☐ My Day on Sesame Street (9” x 6”)
12.95 ☐ Sesame Street: Let’s Count (9” x 6”)
12.95 ☐ Sesame Street: ABC and Me (9” x 6”)
12.95 ☐ Sesame Street: Bye Bye Diapers (9” x 6”)
12.95 ☐ Scooby-Doo (9” x 6”)
12.95 ☐ Superman & Wonder Woman (9” x 6”)
12.95 ☐ X-Men (9” x 6”)
10.95 ☐ Baby Jesus (9” x 6”)
10.95 ☐ Ballerina Princess (9” x 6”)
10.95 ☐ Beauty and the Beast (9” x 6”)
10.95 ☐ Dinosaur Land (9” x 6”)
10.95 ☐ Farm Animals (9” x 6”)
10.95 ☐ Football Star (9” x 6”)
10.95 ☐ Garfield (9” x 6”)
10.95 ☐ God Loves Me (9” x 6”)
10.95 ☐ G-o-o-al!: A Soccer Story (9” x 6”)
10.95 ☐ Jesus the Provider (9” x 6”)
10.95 ☐ Little Mermaid (9” x 6”)
10.95 ☐ Mother Goose (9” x 6”)
10.95 ☐ Noah’s Ark (9” x 6”)
10.95 ☐ Santa (9” x 6”)
10.95 ☐ School is Fun (9” x 6”)
10.95 ☐ Sports Superstar (9” x 6”)
10.95 ☐ Teddy Bear Land (9” x 6”)
10.95 ☐ Three Little Pigs (9” x 6”)
10.95 ☐ When I Grow Up (9” x 6”)

FIRST NAME:_____

NICKNAME: (optional)_____
(will be used instead of First Name)

MIDDLE NAME: (optional)_____

LAST NAME:_____

AGE:(leave blank to age book w/ child)_____ ☐ BOY ☐ GIRL

HOMETOWN:_____

STATE/PROVINCE:_____

Up to 4 friends, siblings or relatives: (2 names required)

1. _____
2. _____
3. _____
4. _____

THIS BOOK IS FROM:_____

DEDICATION:_____

GIFT GIVEN:_____

**Additional information for My Baby Book ONLY:**

DATE OF BIRTH:_____ (Month) _____ (Day) _____ (Year)

TIME OF BIRTH:_____ ☐ A.M. ☐ P.M.

BABY’S WEIGHT:_____ (Pounds) _____ (Ounces)

BABY’S LENGTH:_____

DELIVERED BY:_____

HOSPITAL:_____

MOM’S FIRST NAME:_____

DAD’S FIRST NAME:_____

**Add’l information for Football/Soccer Book ONLY:**

FAVORITE PLAYERS:_____

WINNING TEAM:_____

LOSING TEAM:_____

**Additional information for School is Fun ONLY:**

TEACHER:_____

SCHOOL:_____

## MAIL BOOK TO:

NAME:_____

STREET:_____

CITY:_____

STATE:_____ ZIP:_____

PHONE:_____

E-MAIL:_____

## PRICE LIST

COST OF ITEM $_____

TAX (**CA residents only**) ADD 9.25% $_____

SHIPPING *(see key below)*…… $_____

1-2 books = $5.25
3 or more books, please add
$1.00 for each additional book

**TOTAL:** $_____

**We also offer**
**Express Mail shipping**
**Please contact us for rates!**

**We proudly accept**

VISA MasterCard

**PAYMENT METHOD:**
(check or credit card information required to process order)

☐ **I prefer to pay by check –** Please enclose check and make payable to TLC Expressions

☐ **I prefer to pay by credit card –** Please complete credit card information below

☐ **VISA** ☐ **MasterCard** **CREDIT CARD #**

| | | | | | | | | | | | | | | | |
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**EXP. DATE** *(Month — Year)*

| | | | | |
|---|---|---|---|---|
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## MAIL ORDER FORM AND PAYMENT TO:

TLC Expressions
P.O. Box 24001
San Jose, CA 95154
www.TLC-Expressions.com
e-mail: info@TLC-Expressions.com
408.559.8242

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