



PHOTOGRAPHY CONTRACT:

NAME: _____ DATE: _____

ADDRESS: _____ E-Mail: _____

HOME PHONE: _____ WORK PHONE: _____ FAX: _____

ENGAGEMENT INFORMATION:

DATE OF AFFAIR: _____ FROM: _____ TO: _____

GETTING READY LOCATION: _____ TIME: _____

CEREMONY LOCATION: _____ TIME: _____

RECEPTION LOCATION: _____ TIME: _____

CONTACT AT FACILITY: _____

CONTRACT RIDER: An Adult meal must be provided for photography crew.

FEES:

PHOTO: _____ FORMAT: _____ BLACK & WHITE

20% DEPOSIT: _____ 35mm: _____

BALANCE: _____ 120mm: _____

DIGITAL: _____

**Price Does not Include Negatives or digital files.*

***PAYMENT MUST BE RECEIVED IN FULL 2 WEEKS PRIOR TO ENGAGEMENT.**

Please allow 2 – 3 Months for delivery of proofs.

ACCEPTED: _____
Client Signature

BRIDGE MUSICO: Ronald S. Sherr
Ron Sherr

PLEASE FILL OUT FORMS AND RETURN A.S.A.P.

Thank you for choosing Bridge Musico. If you have any questions at all or need additional services, please feel free to call at the number listed below.