



COLLEEN ROSENTHAL
AWARD-WINNING PHOTOGRAPHY

PHOTO SERVICES CONTRACT

Event _____
Starting Time _____
Start Location _____
Name _____
Address _____
City _____ State _____ Zip _____
Phone (cell) _____
Email Address _____
Password for online viewing gallery _____

PHOTO SESSION FEE \$200 Paid session fee secures your sessions time and date and online gallery only.

ALL PRINTS AND PRODUCTS INCLUDING DIGITAL FILES PURCHASED SEPARATELY

Specifics: _____

If this agreement meets with your approval, please sign and return with your Session Fee.

Signed _____ Date _____
Signed _____ Date _____

Please make a copy for your records.

Signed _____ Date _____

Signed _____ Date _____

Please make a copy for your records.

Thank you

OFFICE USE ONLY
Amount and date Retainer Rec'd _____