

[Studio Name]

School Portrait / Yearbook Agreement

School Name			
Address			
City	State	Zip	
Phone			
ADA	Grades	#of Staff	Country
Contact	Email		New Agreement <input type="checkbox"/> Renewal <input type="checkbox"/>

Fall Undergraduate [Prepay 2 Pose Proof] Number of Sets [] Picture Day Date _____

Set – Up Time [] Location _____ Start Time [] EC am pm K4 am pm

Spring Portraits [Prepay 2 Pose Proof] Number of Sets [] Picture Day Date _____

ADDITIONAL PHOTOGRAPHY PROGRAMS

Classroom Groups Sports/Teams 8th Grade Recognition Family Fundraiser Graduation Other _____

Package Sort	Service Item Sort		
			School Colors

Notes: _____

YEARBOOK PROGRAM

Color B&W Cover Info [SC HC PB Standard Custom Imprint]

of pages _____ # of copies _____ Price Per Copy _____ Freight [incl. FOB]

Candid / Group Photos for Yearbook Date ____/____/____ Start Time []

School submitted content deadline date: _____ **Final yearbook deadline date:** _____

Notes: _____

Studio has first right of refusal on all photographic and yearbook publishing services offered in the school.

This agreement is for the 20____, 20____, 20____, 20____ 20____, 20____ school year(s).

Date _____

School Authorized Signature

Studio Representative

Email Address

[Studio Name, Address, Phone, Website]