

CHURCH DIRECTORIES

Church Agreement & Reservation Form

CONTACT INFORMATION

Name of Church: _____

Physical Address: _____ Mailing Address: _____

City: _____ State/Province: _____ ZIP Code: _____

Phone: (_____) _____ Fax: (_____) _____

Pastor: _____

Associate Pastor/Lay Leader: _____

E-mail: _____

E-mail: _____

Contact Phone: (_____) _____

Contact Phone: (_____) _____

Church Secretary: _____

Volunteer Coordinator: _____

E-mail: _____

E-mail: _____

Contact Phone: (_____) _____

Contact Phone: (_____) _____

CHURCH ATTENDANCE

Number of Families in Congregation: _____

Number of Expected Portrait Sessions: _____

PORTRAIT SESSIONS

Location of Portrait Sessions: _____

Photography Dates: _____

OTHER CONSIDERATIONS

AGREEMENT

I verify that _____ is securing the services of _____
(Church) (Photographer)
to produce a custom church directory according to the specifications in this proposal.

Representative's Signature: _____ Date: ____/____/____

Photographer's Signature: _____ Date: ____/____/____