



PHOTOGRAPHY CONTRACT

Names _____

Address _____

Phone & Email _____

Event & Location _____

Date & Time _____

Price & Deposit _____

I agree to pay the above amount for wedding photography services & packages as performed by photographer Ginnie Grant. Deposit will hold the requested date. Balance is due when the photo packages are received by you.

X _____

I agree to photograph the above event for these clients and to all other terms, time and packages. I will arrive one hour prior to the beginning of the event and stay through all formal and informal events and activities.

Ginnie Grant, Photographer

ginniegrant@hotmail.com 602-434-3652
1404 E. Whalers Way Tempe, Az. 85283