

Contract for Event Coverage Services

Client's Name: _____

Contact no. _____

Client's Address: _____

Event Coverage/Location: _____

Event Date: _____ Start Time: _____ End Time: _____

Proof photographs are to be delivered to Client by ____/____/____

1. The Client shall reimburse Photographer for any additional costs the Photographer may incur for travel, meals, parking, and other reasonable costs necessary to the performance of these services.
2. The deposit is not refundable if the Client cancels or changes the engagement. If the Photographer fails to appear at the place and time specified above, the deposit shall be refunded to the Client.
3. Proof photographs shall be delivered to the Client on DVD. The client shall provide the Photographer with a written list of the proof images from which final photographs are to be prepared, and specify the number and format(s) of the final photograph to be delivered for each proof image. See attached Price Schedule for available final photograph formats and their prices.
4. The Client shall assist and cooperate with the Photographer in obtaining the desired photographs, including but not limited to specifying persons and/or scenes to be photographed; taking time to pose for photographs at the Photographer's direction; providing a person to guide the Photographer to desired persons and/or scenes; pre-shoot consultations, etc. The Photographer shall not be responsible for photographs not taken as a result of the Client's failure to provide reasonable assistance or cooperation.
5. The Photographer retains copyright in the photographs, and hereby grants the Client unlimited but non-exclusive rights to use or reproduce the photographs for which the Client pays.

Uclick@n
EVENTS & PHOTOGRAPHY

Client's Signature Printed Name

Zarah Jamille S. Dela Rosa
Photographer's Signature

Norman S. Dela Rosa
Event Coverage Coordinator



Blk. 13 Samar st. Kenneth rd. Nagpayong 2 Brgy. Pinagbuhatan, Pasig City
Contact no. 09158890717/09395712388

EVENT COVERAGE: BIRTHDAY PARTIES, DEBUT, ANNIVERSARIES
FULL COVERAGE START TO END
CANON DSLR USER

Client name: _____ Date: ____/____/____

Address: _____ Time: _____

Name of the Celebrant: _____ Age: _____

Location of the Event: _____ Contact no: _____

Event: _____ Package # _____

DESCRIPTION OF THE PACKAGES

Terms of Payment

50% upon the agreement

50% after the event

Client's Signature Printed Name

Zarah Jamille S. Dela Rosa
Photographer's Signature

Norman S. Dela Rosa
Event Coverage Coordinator