Wedding Date:	Format:	JA
This box for studio use only		
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231 park avenue - beaver dam, wisconsin 53916 - phone/fax 920-887-8281 - www.glasgowphoto.com

Groom_	Phone	( _ontract
Bride	Phone	
Pre-Ceremony Contact Address		# Couples in party:
City	StateZip Code	# Children in party:
Post-Ceremony Address (if different)_		# Ushers in party:
City	StateZip Code	# Bride's Parents: # Groom's Parents:
New Day Phone	New Evening Phone	# Groom's Parents.
Email Address		Individual(s) Responsible
		For Payment:
Groom's Parents	_Bride's Parents	
Address	Address	
City, State Zip	City, State Zip	
Pre-Ceremony Candids or	Pre-Ceremony Formals at:	TIME

Pre-Ceremony Candids or Pre-Ceremony Formals at:	TIME
Wedding Ceremony at:	TIME
Post-Ceremony Formals at:	TIME
Additional Formals at:	TIME
Reception Coverage at:	TIME
Dance Coverage at:	TIME
Special Instructions: For studio use only TOTAL PRINTS	

Couples' Album:

Parents Album:

Inserts:

Imprinting:

Imprinting:

## **Contract Terms & Conditions**

An initial, minimum pre-payment of \$400 (in cash or WI check) is required as a retainer to reserve your date, and is non-refundable 72 hours after booking date & time below. All pre-payments received are applied to your final balance. The balance remaining on your basic package total including sales tax is due and payable on or before the ceremony date. In the event of a cancellation by the customer, all pre-payments received over your initial prepayment will be refunded, providing written cancellation is received at least 180 days before the ceremony date. Any services canceled less than 180 days prior to the ceremony date will forfeit all pre-payments made. If for any reason Glasgow Photography is unable to produce finished 5x7 wedding prints within 90 days of your wedding date, a full refund of all pre-payments will be made in lieu of said prints. No other liability is expressed or implied. Due to varying circumstances either within or beyond our control, no particular pose or poses shall be guaranteed. Your signature below indicates your acceptance of these terms and conditions. Signature\_

Time\_\_\_

Please Print

١		Parents Album:				
ı		Imprinting:				
١		Travel Charge:				
١						
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١						
١		Date	Check #	Payment Amount	Sub Total	\$
١	only	Initial	Pre-l	Payment	Sales Tax	\$
	nse o				Basic Package Total	\$
١	studio u				Shipping (if applicable)	\$
١	For stu				Total Amount Due	\$
	Æ				Total Payments Received	\$

**Description** 

Wedding Photography Package @

5x7 print capacity:

Color:

**Amount**