



PORTRAIT BOOKING AGREEMENT

WH #A005
Form #2016
Rev. 3/09

Master #: Flum Borough School District Phone: _____
900 Elicker Road
Pittsburgh PA 15239
 Website: _____
 E-Mail: _____ Fax: _____

REBOOK	<input checked="" type="checkbox"/>
NEW BOOKING	<input type="checkbox"/>

COUNTY: Allegheny
 ADA: 4189

HIGH SCHOOL JR/MIDDLE SCHOOL ELEMENTARY OTHER

PORTRAIT PROGRAM:	Location	Start Time	AM/PM	
Fall Undergraduate Date _____		<input type="checkbox"/> Prepay	<input type="checkbox"/> Proof - 1 or 2 pose	<input type="checkbox"/> Speculation
Fall Job Code _____				
Spring Contemporary Date _____		<input type="checkbox"/> Prepay	<input type="checkbox"/> Proof - 1 or 2 pose	<input type="checkbox"/> Speculation
Spring Job Code _____				

SCHOOL HOURS 8:45 - 3:00
7:30 / 2:30
 PRESCHOOL HOURS _____ / _____
 KINDERGARTEN _____ AM _____ PM
 PHOTOGRAPHERS REQUIRED _____
 MONEY HANDLED BY: _____ SCHOOL _____ PHOTOGRAPHER
 CHECKS PAYABLE TO: _____

ADDITIONAL PHOTOGRAPHY PROGRAMS

SPORT PACKAGES SPECIAL EVENTS
 CLASSROOM GROUPS PROM / DANCE CHARACTER POSTERS
 COMPOSITES Deferred GRADUATION / CONFIRMATION
 OTHER _____

SPECIAL SERVICES / NOTES ID cards for students and staff, yearbooks & composites for elementary school, ID of services pictures, yearbook CD's Ad min CD's

YEARBOOKS: Program: ON LINE Black & White Color No. of Pages _____ Copies _____

THIS IS A 1 YEAR AGREEMENT FOR THE FOLLOWING SCHOOL YEAR(S): _____

THE SERVICES AND PRODUCTS TO BE PROVIDED ARE SUBJECT TO THE APPROVAL OF INTER-STATE STUDIO & PUBLISHING CO. IT IS AGREED THAT THE SCHOOL OR ORGANIZATION WILL REMIT DIRECTLY TO:

INTER-STATE STUDIO & PUBLISHING CO.
 3500 SNYDER AVE.
 P.O. BOX 1177
 SEDALIA, MISSOURI 65302-1177

X
 NAME - PLEASE PRINT _____

X
 AUTHORIZED SIGNATURE _____ DATE _____

Leo Beerman
 INTER-STATE STUDIO & PUBLISHING CO. REPRESENTATIVE
 REP. NO.: 133 PHONE NO.: 814-368-7860