

Burnside Farms Photography Agreement

Photographer Name: _____

Date: _____ Time in: _____

Number of groups/sessions: _____

Last name of each group/session being met today:

_____	_____
_____	_____
_____	_____

Name of Business: _____

Address: _____

Phone: _____ Email: _____

Website/Facebook: _____

How did you hear of us? _____

I _____ have read and understand Burnside Farms' professional photography policy.

Signature/Date

Comments:

Office use

Badge assignee name:

Badge number: