

Photographer's Agreement

(Due one month prior to event)

I/We have read and do agree to comply with the policies and regulations of the Cornerstone Chapel, Inc., Plant City, Florida regarding the photography for this event.

Event Host's Name _____

Date of Event _____

Address _____

Phone Number _____

Name of Photographer _____

Address _____

Phone Number _____

Signature of Photographer

Date

Notary Public Signature _____

This form must be completed and signed by the photographer and returned to Cornerstone Chapel, Inc. one month prior to your event.