Wedding Date	TimeReception Time	
Brides Last Name Gr	rooms Last Name	
Robin Leavitt Photography	Deposit amount:	
Casco, Maine 04015		
207-653-6614	REFERRED BY:	
Email-robin@robinleavittphotography.c		
Email-tobili@fobilileaviiipholography.c	<u>oni</u>	
PHOTOG	SRAPHY AGREEMENT	
When completed and signed by both	parties, this agreement will represent an order for	
	Photography. When I, Robin Leavitt, have signed and date	b
, , ,	ne and date agreed upon and will not make other	
reservations for that time and date.	to and date agreed apon and million make exist	
	the digital files and the photographs taken, my liability is	
limited for loss, damage or failure to de		
miniou ioi iooo, aannage oi iamaio io ae	mer pricted for any reacons	
THE EXCLUSIVE RIGHT TO MAKE REPRODUCTIONS. FOR THE PHOTOGRAPHERS PORTFOLIO, SAMPLES, EDITORIAL USE, OR FOR DISPLAY WITHIN OR ON THE DESIRES TO MAKE OTHER USES, THE PHOTOGRAPH	APHER SHALL OWN THE COPYRIGHT IN ALL IMAGES CREATED AND SHALL HAVE THE PHOTOGRAPHER SHALL ONLY MAKE REPRODUCTIONS FOR THE CLIENT O SELF-PROMOTIONS, ENTRY IN PHOTOGRAPHIC CONTESTS OR ART EXHIBITION E OUTSIDE OF THE PHOTOGRAPHER'S STUDIO. IF THE PHOTOGRAPHER IER SHALL NOT DO SO WITHOUT FIRST OBTAINING THE WRITTEN PERMISSION	DR
OF THE CLIENT.		
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	of Robin Leavitt Photography, unless other arrangements	
are made.		
AGREEMENT ARE UNDERS	INFORMATION AND WHEN ALL THE TERMS OF THIS STOOD AND AGREED UPON, DATE AND SIGN. Slude your \$200 deposit)\$400 if with in 6mths of wedding date.	
( not wedaing photo service please inc	nac your \$200 acposit/\$400 if with in offices of weading date.	
SIGNATURES:		
CLIENT:	PHOTOGRAPHER:	
DATE:	DATE:	
CLIENTS NAME, ADDRESS, TELEPHONE #'S	WORK ADDRESS, TELEPHONE #'S EMAIL	
HOME AND CELL-EMAIL	EMAIL	
BRIDE-		
GROOM-		
	<del>-  </del>	
WEDDING LOCATION-TIME	RECEPTION LOCATION	