# PORTRAIT BOOKING AGREEMENT

**Master #:** IN0119  
**Phone:** (812) 330-7753

**University Elementary School**  
1111 N Russell Rd

**Website:** Bloomington, IN 47408  
**Fax:**

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**REBOOK**  
**NEW BOOKING**

**COUNTY:** Monroe  
**ADA:** 375

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**HIGH SCHOOL**  
**JR/MIDDLE SCHOOL**  
**ELEMENTARY**  
**OTHER**

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**PORTRAIT PROGRAM:**  
**Location**  
**Start Time** AM/PM  
**Prepay**  
**Proof - 1 or 2 pose**  
**Speculation**

<table>
<thead>
<tr>
<th>Fall Undergraduate Date</th>
<th>Fall Job Code</th>
<th>Spring Contemporary Date</th>
<th>Spring Job Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>9-20- Fall</td>
<td>3-30-11 Spring</td>
<td></td>
<td></td>
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</tbody>
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**SCHOOL HOURS** /  
**PRESCCHOOL HOURS** /  
**KINDERGARTEN** AM PM

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**PHOTOGRAPHERS REQUIRED**

**MONEY HANDLED BY:** SCHOOL  
**CHECKS PAYABLE TO:**

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**ADDITIONAL PHOTOGRAPHY PROGRAMS**  
**SPORT PACKAGES**  
**CLASSROOM GROUPS**  
**COMPOSITES**  
**OTHER**

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**SPECIAL SERVICES / NOTES**

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**YEARBOOKS:** Program:  
**Black & White**  
**Color**  
**No. of Pages**  
**Copies**

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

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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

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**NAME - PLEASE PRINT**

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**AUTHORIZED SIGNATURE**  
**DATE**

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**WHITE - Company Copy**  
**YELLOW - Representative Copy**  
**PINK - Customer Copy**  
**CONTRACT NO.:** 882-688-6780

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**REPRESENTATIVE**  
**REP. NO.:** 0524  
**PHONE NO.:** 982-688-6780