

Christening Agreement



2 Parsland Close, Exeter NSW 2759
Tel: 02 4883 4615 Email: info@galaphoto.com.au

CHRISTENING DATE		PHOTOGRAPHER		ASSISTANT	
BABY'S NAME					

Surname				
Name				
Address				
Phone:	H:	W:	M:	H: W: M:
	Email:			Email:
	Start	End		Phone
Church				
Reception				

PHOTO PACKAGE TOTAL	\$		VIDEO PACKAGE TOTAL	\$	
EXTRAS					
DATE		DEPOSIT PAID	\$	BALANCE	\$
DATE		DEPOSIT PAID	\$	BALANCE	\$
DATE		DEPOSIT PAID	\$	BALANCE	\$
DATE		DEPOSIT PAID	\$	BALANCE	\$

CUSTOMER SIGNATURE _____ DATE _____