

# REQUEST FOR SERVICE

This agreement is good for: (CIRCLE ONE)

1 YEAR    2 YEARS    3 YEARS    4 YEARS

## Visual Impressions Photography

3650 SE Powell Valley Rd.

Gresham, OR. 97080

503-320-3076

To sign up, complete this form and email or mail it to our office. You may set your date at a later time. Email: [Amanda@visualimpressions.org](mailto:Amanda@visualimpressions.org)

### SERVICE INFORMATION

Number of players and teams can be called in later. This confirmation holds your date.

1. School Name: \_\_\_\_\_
2. Picture Date/Grades: \_\_\_\_\_ Picture Date/Grades: \_\_\_\_\_ Make-Up/Retake Date: \_\_\_\_\_
3. Picture Date Time: From \_\_\_\_\_ to \_\_\_\_\_ 1 Class every \_\_\_\_\_ minutes.
4. # of Classes: \_\_\_\_\_ # of Students: \_\_\_\_\_ Date of last Day of School: \_\_\_\_\_
5. Picture day Location Name: \_\_\_\_\_ Physical Address: \_\_\_\_\_
6. Amount to be donated back to school by VIP: \_\_\_\_\_ (After Costs) Class Photo or Composite \_\_\_\_\_

### CONTACT INFORMATION

Please write in street address. UPS does not deliver to P.O. Boxes.

Picture Coordinator: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Home Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Work Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Cell Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Fax: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Treasurer: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Home Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Work Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Alternative Contact: \_\_\_\_\_

Home Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Work Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

### SPECIAL PROGRAM FEATURES

- Green screen station for grad portraits with diploma during grad ceremony.
- Optional photography of diploma handshake - must indicate below in special section
- Portraits made available to purchase by parents on-line.

### SPECIAL INSTRUCTIONS/AGREEMENTS

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Sign To Accept

Mail or email a copy to us: [Amanda@visualimpressions.org](mailto:Amanda@visualimpressions.org)

X \_\_\_\_\_

DATE: \_\_\_\_\_

Approved and accepted by School.

#### Policies:

- 1) School or VIP must pass out order forms prior to picture day.
- 2.) Turn-around: 2 weeks UNLESS arranged differently.

