

# Eldreth Photography Senior Rep Contract

Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone (Cell / Home): \_\_\_\_\_

E-mail: \_\_\_\_\_

School: \_\_\_\_\_

Activities: \_\_\_\_\_

By signing below, I agree that I am solely representing Eldreth Photography as a Senior Rep. I agree to distribute any info provided, allowing my images to be used for advertising. I understand the terms & benefits of the Rep program.

Signed: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_