



2018 CHILDREN'S BOOK CONTRACT

The Crystal Charity Ball - December 1, 2018

CHILDREN'S BOOKS ARE DISTRIBUTED AT THE BALL, DECEMBER 1, 2018 AND THEREAFTER AT THE CCB OFFICE.

PAGES ARE \$800 EACH AND TAX DEDUCTIBLE (CONTRACTS MUST BE RECEIVED BY SEPTEMBER 4, 2018 TO ACCOMMODATE PRINT DEADLINES)

NAME _____ E-MAIL _____ PHONE _____

ADDRESS _____ FAX _____

PHOTOGRAPHY OPTIONS (CHOOSE ONE) THERE WILL BE NO PLACEMENT GUARANTEES

Please check if applicable: FORMER BALL CHAIR INACTIVE

A. USE OFFICIAL CHILDREN'S BOOK PHOTOGRAPHER*

The Crystal Charity Ball encourages use of official photographers who waive their sitting fees for CCB Underwriters.

- GITTINGS HOLT HAYNSWORTH
- JAMES FRENCH JOHN DERRYBERRY

Person photographer contacts to arrange sitting:

NAME _____ PHONE _____

EMAIL _____

Sitting to be completed by **TUESDAY, AUGUST 28, 2018.**

Proofs to be selected by **MONDAY, SEPTEMBER 3, 2018.**

*Sittings completed by June 1 with proof selection by June 15 will receive a 20% discount on portraits with official Children's Book photographers.

B. USE A PHOTO FROM A BENEFICIARY CHARITY

Photos taken by official Children's Book photographers

C. USE ALTERNATE PHOTOGRAPHER

NAME _____ PHONE _____

EMAIL _____

All Alternate photographer photos must be submitted before July 30, 2018 to meet print deadlines.

Submit a 300 dpi, CMYK 6"x 6" color digital image on a labeled disc or thumb drive to The Crystal Charity Ball office or send an e-mail to bshaw@crystalcharityball.org. Donor is responsible for submitting the Client Information Form. Collage photos will not be accepted.

PUBLICATION OPTIONS

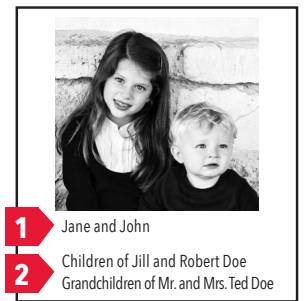
Please list your children's names below if they are to appear under the photo. EXACT PRINTING of children's names and positions in the picture WILL BE DETERMINED BY YOU in conjunction with the photographer WHEN THE PROOF IS SELECTED.

1	NAME _____	AGE _____	GENDER _____	NAME _____	AGE _____	GENDER _____
	NAME _____	AGE _____	GENDER _____	NAME _____	AGE _____	GENDER _____

Donor's name to be indexed? _____
YES NO CIRCLE ONE ALPHABETIZING LETTER

Donor's name to appear under children's photo? (SEE ITEM 2)
YES NO If yes, print below (Example: "Children of..." "Grandchildren of..." "Compliments of...")
If left blank, the previous year's listing will be used. Marketing tag lines will not be accepted.

2 _____



RETAIN A COPY OF THIS CONTRACT FOR YOUR RECORDS.
MAKE ALL PAYMENTS PAYABLE TO THE CRYSTAL CHARITY BALL AND MAIL TO:

Alison Malone, Children's Book Chairman
The Crystal Charity Ball - Two Turtle Creek
3838 Oak Lawn Avenue, Suite L150 - Dallas, Texas 75219

DONOR'S SIGNATURE _____

CCB MEMBER _____

PHONE _____ DATE _____

PAYMENT INFORMATION AMOUNT OF CONTRIBUTION \$ _____

BILLING ADDRESS _____

- FULL PAYMENT ENCLOSED
- FULL PAYMENT DUE AUGUST 31, 2018

PLEASE CHARGE MY (CHECK ONE) MASTERCARD VISA AMEX CREDIT CARD # _____ EXP. DATE _____

NAME ON CARD _____ PHONE _____