# 2025 CHILDREN'S BOOK CONTRACT
## The Crystal Charity Ball – December 6, 2025

**PAGES COST $800 EACH AND ARE TAX DEDUCTIBLE** (CONTRACTS MUST BE RECEIVED BY AUGUST 1, 2025 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 who complete their sittings by Friday, August 22.

☐ GITTINGS    ☐ HOLT HAYNSWORTH
☐ JAMES FRENCH

Person photographer contacts to arrange sitting:

NAME _____  PHONE _____

EMAIL _____

Sitting to be completed by **FRIDAY, AUGUST 22, 2025.**
Proofs to be selected by **FRIDAY, AUGUST 29, 2025.**
*Sittings completed by June 6 with proof selection by June 27 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

PREFERRED BENEFICIARY _____

☐ **C. USE ALTERNATE PHOTOGRAPHER**

NAME _____  PHONE _____

EMAIL _____

**All alternate photographer photos must be submitted before August 1, 2025 to meet print deadlines.**

Email bshaw@crystalcharityball.org a 300 dpi, CMYK 6"x 6" digital color image or send through a file transfer service like Dropbox. **Donor** is responsible for submitting the Client Information Form to the CCB office. Collage photos will not be accepted.

## PUBLICATION OPTIONS

Please list your child's or pet's name(s) below if they are to appear under the photo. EXACT PRINTING of names and positions in the picture WILL BE DETERMINED BY YOU in conjunction with the photographer WHEN THE PROOF IS SELECTED. Marketing tag lines will not be accepted.

**1**

_____  NAME    AGE    GENDER          _____  NAME    AGE    GENDER

_____  NAME    AGE    GENDER          _____  NAME    AGE    GENDER

☐ YES ☐ NO  Donor's name to be indexed? _____
(Example: Doe, Jill and Robert)    CIRCLE ONE ALPHABETIZING LETTER
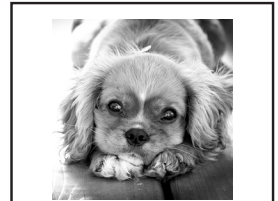
☐ YES ☐ NO  Donor's name to appear under photo? (SEE ITEM 2)
If yes, print below (Example: "Children of..." "Grandchildren of..." "Compliments of...") If left blank, the previous year's listing will be used.

**2** _____



**1** Jane and John
**2** Children of Jill and Robert Doe
Grandchildren of Mr. and Mrs. Ted Doe



**1** Charlie
**2** Dog of Jill and Robert Doe

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

**Wendy Messmann, Children's Book Chairman**
**The Crystal Charity Ball**
**3838 Oak Lawn Avenue, Suite L150, Dallas, Texas 75219**

_____
DONOR'S SIGNATURE / DATE

CCB MEMBER _____

PHONE _____  E-MAIL _____

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## PAYMENT INFORMATION  AMOUNT OF CONTRIBUTION $ _____

☐ FULL PAYMENT ENCLOSED
☐ FULL PAYMENT DUE SEPTEMBER 2, 2025

BILLING ADDRESS _____

PLEASE CHARGE MY CREDIT CARD (MASTERCARD, VISA OR AMEX)  CREDIT CARD NO. _____  EXP. DATE _____  CVV _____

NAME ON CARD _____  PHONE _____

**CB@CRYSTALCHARITYBALL.ORG | (214) 526-5868 | FAX (214) 526-5872 | WWW.CRYSTALCHARITYBALL.ORG**