



2024 CHILDREN'S BOOK CONTRACT

The Crystal Charity Ball - December 7, 2024

PAGES COST \$800 EACH AND ARE TAX DEDUCTIBLE (CONTRACTS MUST BE RECEIVED BY AUGUST 30, 2024 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 23.

- GITTINGS HOLT HAYNSWORTH
- JAMES FRENCH

Person photographer contacts to arrange sitting:

NAME _____ PHONE _____

EMAIL _____

Sitting to be completed by **FRIDAY, AUGUST 23, 2024.**

Proofs to be selected by **FRIDAY, AUGUST 30, 2024.**

*Sittings completed by June 7 with proof selection by June 28 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, 2024 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.

<p>1 _____</p> <p>NAME _____ AGE _____ GENDER _____</p>	<p>_____</p> <p>NAME _____ AGE _____ GENDER _____</p>
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<p>_____</p> <p>NAME _____ AGE _____ GENDER _____</p>	<p>_____</p> <p>NAME _____ AGE _____ GENDER _____</p>
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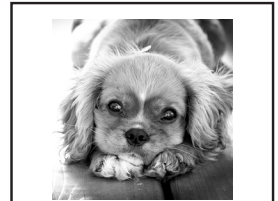
Donor's name to be indexed? _____
YES NO (Example: Doe, Jill and Robert) CIRCLE ONE ALPHABETIZING LETTER

Donor's name to appear under 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.

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:

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

DONOR'S SIGNATURE / DATE _____

CCB MEMBER _____

PHONE _____ E-MAIL _____

PAYMENT INFORMATION AMOUNT OF CONTRIBUTION \$ _____

BILLING ADDRESS _____

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

NAME ON CARD _____ PHONE _____

- FULL PAYMENT ENCLOSED
- FULL PAYMENT **DUE AUGUST 30, 2024**