

Standard Testing Form

Photo shoot test will take place at (address) _____ on

The date of _____

Call time for makeup artist _____

Call Time for model _____

Call time for stylist _____

Film will be paid for by _____

Developing will be paid for by _____

Prints will be paid for by _____

Cost for each 11X14 _____

Cost for each 9X12 _____

OR CD to print (high resolution) photos will cost _____

Proof sheet will be provided at a cost of _____

CD for viewing unprintable photos will be at the cost of _____

Proofs will be available to look at by this date _____ All

Interested parties will view proof sheets at (address) _____ or

they will be mailed to you by CD to your address (Please Provide address

here) _____

Part 2 Standard Testing Form

I understand that the photos from this shoot on (date)_____ will be used exclusively for the self-promotion and portfolios of the photographer, model, makeup artist, hair stylist and wardrobe stylist. They will not be sold or used otherwise without written permission and mutually agreed upon (monetary compensation) of the photographer, makeup artist, model, hair stylist and wardrobe stylist. These photos may be used on the websites and in the portfolios of all the participants involved. These photos may be used for the purpose of advertising any individual participating in this shoot, these shots are not to be used to advertise any product without written permission from every individual listed here.

Signatures

Photographer_____phone_____

Model_____phone_____

Model_____phone_____

Model_____Phone_____

Model_____Phone_____

Makeup artist_____Phone_____

Hair Stylist_____Phone_____

Wardrobe Stylist_____Phone_____

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