



Congregation Beth El
1200 Fairfield Woods Road
Fairfield, CT 06825
203-374-5544
Fax: 203-374-4962
Office@bethelfairfield.org

Photographer Name:

Name of Client:

Address:

Phone: _____

Fax: _____

Date of Event:

Dear Photographer:

All photographers who use the facilities at Congregation Beth El are requested to comply with the following "Agreement" and return it along with a Certificate of Insurance to the synagogue office as soon as possible. Failure to comply with this request will prevent you from using the synagogue facilities.

PHOTOGRAPHER AGREEMENT

1. You **must call the synagogue director one week prior** to the event to confirm times that you will be allowed to make deliveries and/or enter the facility.
2. The synagogue must be in possession of an **UP-TO-DATE CERTIFICATE OF YOUR INSURANCE POLICY LISTING CONGREGATION BETH EL AS AN ADDITIONAL INSURED** indicating general liability and Workmen's Compensation. If we do not have this, you will not be allowed to work on our premises.

Please sign and return to synagogue office:

I have read and agree to the above agreement.

Authorized Signature

Date