



Photography

Client Questionnaire

Please fill out this form before your first appointment. Your answers will better help us to meet your needs and ensure that you will enjoy and have a satisfying experience.

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____ Phone: _____

When day of the week works best for you? _____

How many individuals will be in this session? _____

What kind of session are you requesting?

- | | | |
|--|------------------------------------|--|
| <input type="checkbox"/> Maternity | <input type="checkbox"/> Family | <input type="checkbox"/> Engagement/Couple |
| <input type="checkbox"/> Senior Photos | <input type="checkbox"/> Lifestyle | <input type="checkbox"/> Wedding |
| <input type="checkbox"/> Toddler or Children | <input type="checkbox"/> Boudoir | <input type="checkbox"/> Newborn (1 month) |
| <input type="checkbox"/> Graduation | <input type="checkbox"/> Other | |

Are you interested in black and white photography's?
