

## NEW 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 have a happy and satisfying experience.

First Name:  Last Name:

Address:

City:  State:  Zip Code:

Email:  Phone:

What day of the week works best for you?

How many people will be photographed during your session?

What kind of session are you requesting?

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Maternity                   | <input type="checkbox"/> Family           | <input type="checkbox"/> Engagement/Couple |
| <input type="checkbox"/> Newborn (under 4 weeks old) | <input type="checkbox"/> Portraits        | <input type="checkbox"/> Wedding           |
| <input type="checkbox"/> Child or Children           | <input type="checkbox"/> Senior Portraits | <input type="checkbox"/> Other             |

Please list the name and ages of the children, if any, that will be photographed during the session.

Please list the kind of location that you prefer (urban, monuments, parks, indoors, etc.)

What is your preferred photography style? ( eg. relaxed, formal, a mix of both )

Additional comments ( anything you'd like us to know)

*Thank you for completing this form. We greatly appreciate your interest and really look forward to our photo session.*