



## SENIOR 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:

Parents Name & Phone number:

What style of session would you like?

City/Downtown     Park     Country     Other

If you selected Other, please specify below:

What are some of extra-curricular activities you enjoy?

Are you bringing any props? ( i.e cars, pets, sports equipment, instruments, etc. )

Any specific themes you want us to incorporate?

How many outfit changes do you have?

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.*