

# Client Information Sheet



Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## Type of Session:

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Maternity & Newborn | <input type="checkbox"/> Senior / Model Portrait | <input type="checkbox"/> Children / Family Portrait |
| <input type="checkbox"/> Wedding Bundle      | <input type="checkbox"/> Engagement              | <input type="checkbox"/> Bridal                     |
| <input type="checkbox"/> Wedding             | <input type="checkbox"/> Holiday                 |   |

## Session Details:

Date / Time: \_\_\_\_\_ Location: \_\_\_\_\_

## Name / Ages of Participants:

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