

BOOKING FORM

To book your session, please fill in the details below and provide as much information as possible. The booking form is a great tool for us to personalize your session to your individual style and needs, giving you the best session with the best results.

YOUR DETAILS:

First Name: _____ Last Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Preferred Date: _____

Type of Session:

Newborn _ _ _ _ _ Maternity _ _ _ _ _ Child _ _ _ _ _ Family _ _ _ _ _ Other _ _ _ _ _

Number of people in session: _____ Ages: _____

Session location and time preference: _____

Other wishes: _____

I hereby agree to and understand the conditions of the Business Policies and completed Model/Minor/Photo Release forms. I grant Love This Photography the unrestricted right to use and publish photographs for editorial, trade, advertising and other purposes.

Full Name: _____ Signature: _____ Date: _____

