



Family Session Questionnaire Photography Boutique

First Name:

Last Name:

Address:

Address 1:

City:

State/Province:

Zip/Postal Code:

Country

Phone (###)

Email Address:

Date of Scheduled Session: Saturday 3/19/22 @ 3 pm

Please give me the name, relation, and ages of everyone who will be attending this session.

Do you have any specific props that you would like to include and are bringing to your session?

COVID: Have you or anyone you've been around been exposed to COVID?

YES NO

If YES, please explain:

COVID: Do you or anyone in your family currently have a fever, cough, or loss of taste/smell?

YES. NO

If YES, please explain:

Do you have any special concerns or questions for me about the session?

I want this to be relaxing and an absolutely wonderful experience for you. Anything I can do to help, please let me know!

If you would like me to tag you in any sneak peek images posted to social media, please give your handles below and ensure that your privacy settings are set to allow tagging.

How did you hear about Photography Boutique ?

Return Customer.
Google/Search Engine
Referral/Word of Mouth.
Facebook.
Instagram
Twitter
Pinterest
Other

Betiana Hurtado
Photography Boutique
<http://www.betianaphotography.com>
631.467.0703