# Booking Form

Client Information

Name:

Phone: Communicate by text? ❒ YES ❒ NO

Email:

Session Information

Type of Session: ❒ Head Shot ❒ Maternity ❒ Senior ❒ Couple ❒ Family ❒ Large Group (7-12)

Other:

Session Date: Start Time: End Time:

Other Special Instructions/Comments:

Fees

Session Fee: Other Fees:

❒ $100 Retainer PAID on: Balance to be paid before start of session:

### Acceptance

I, hereby agree to pay the $100 retainer fee and understand that this fee is non-refundable and that the balance must be paid prior to the start of the photo session. I understand that a non-refundable $50 rescheduling fee applies if a reschedule is requested or necessitated by me, the client, less than 48 hours prior to the originally scheduled date and time.

Client Signature: DATE:

Photog Signature: DATE:

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