Rep {Senior}

Application/Questionnaire

	Client Information
Client Name:	
Address:	
Email:	Phone #:
FB URL/Twitter:	Parent Name/Phone#:
School /	·
Graduating Year	Birthday (M/D)
To better get an id your ability.	ea of how to create your session, please fill in the following questions to the best of
What are your hobl	pies and interests?
Are you active in a	ny sports or extracurricular activities?
What instruments	do you play, if any?

In your ideal session, where would you like to shoto at?	
What, if any, are your musical tastes?	
what, if any, are your musical tastes:	
What's your favorita thing to do on the weekende?	
What's your favorite thing to do on the weekends?	
	
How would you describe your style?	
If you will be head a the area come which come would be \$12	
If your life had a theme song which song would be it?	
	
What's the first thing people notice about you?	
What's the one thing you're most proud of?	
Whore's your favorite place to shop?	
Where's your favorite place to shop?	

Describe your personality:
If it came down to you and another applicant, why should we chose you to be our senior rep?
How did you hear about us?
What questions do you have for us?
Thank you for filling this out. Please submit the following application and 1-3 photos via email to alderfer.photography@gmail.com. Once you have sent the application you will receive an email confirming that your application went through.

Studio Name Susan Alderfer Photography, LLC

Studio Web Site https://alderferphotographyco.com/

Studio Phone# 303-827-1955

Studio Facebook https://www.facebook.com/alderferphotography

Studio Instagram https://www.instagram.com/susanalderferphotographyllc/