



Client Contact Form

Are you a new client or a returning client? New Returning

Name:

Date:

Email:

Phone Number:

What is your preferred contact method? Email Text

Street Address:

Apt/Suite:

City:

State:

Zip Code:

When would you like your session scheduled?

How many participants are going to be in the session?

Please let us know who will be in the photos?

What type of session are you wanting?

Self

Spouse / Partner

Children

Newborn

Fur Babies

Other

Wedding

Family

Senior

Corporate Portrait

Fur Babies

Other

Do you have a location chosen for your session?

Yes

No

If yes, tell us about the location chosen for your session?

If no, do you have a preference where the session is completed?

Nature

Urban / City

Home

Studio

Other

Additional Comments

Please return your completed form to Michael A. Halcomb Photography

Email to: michael@michaelahalcombphotography.com

or

Text to: 386-314-1845