Client Intake Form

Thank you for choosing Pose for your upcoming event! To ensure that we deliver the best possible service tailored to your needs, please complete this client intake form with as much detail as possible. Your information will help us create a memorable and seamless photo booth experience for you and your guests.

Section 1: Contact Information

- Full Name: _____
- Phone Number: _____
- Email Address: _____
- Preferred Contact Method: Phone / Email / Text (circle one)
- Mailing Address: _____
  _____
- City: _____ State: _____ ZIP Code: _____

Section 2: Event Details

Type of Event: (Circle One)

- Wedding
- Birthday
- Corporate Event
- Graduation
- Prom/Formal
- Fundraiser
- Other: _____

Event Date: _____

Event Start Time: _____ End Time: _____

Event Venue Name: _____

Venue Address: _____

_____

Venue Contact Person: _____

Venue Phone/Email: _____

Expected Number of Guests: _____

Venue Parking/Loading Instructions: _____

_____

Indoor/Outdoor Event? Indoor / Outdoor / Both (circle one)

Event Theme or Colors: _____

Section 3: Photo Booth Preferences

Customization Options: (Check All That Apply)

Event Name or Logo on Prints [ ]

Backdrop Preferences: (Describe color, theme, or upload reference images)

_____

Props:

Would you like us to provide props? Yes / No

Specific prop themes or requests: _____

Add On's:

Scrapbook Keepsake Service: [ ]

Paper/Magnet Guest Keepsake Frames: [ ] Customization:_____ # of Guests:_____

Kids DYI Picture Frame Kit: [ ]. # of Children: _____

Section 4: Rental Package Selection

• Which package are you interested in?

Poise [ ]

Strut [ ]

Show Off [ ]

Custom [ ] Describe: _____

Would you like to add extra hours? Yes / No

How Many Additional Hours? _____

Section 5: Logistics and Setup

- Preferred Setup Time: _____
- Preferred Teardown Time: _____
- Site Access Details: (e.g., stairs, elevators, restricted areas)
- _____
- Power Source Availability: Yes / No / Unsure
- Space Concerns or Limitations: _____
- Is there a designated photo booth area? Yes / No / Unsure

Section 6: Payment & Billing Information

- Primary Contact for Payment: _____
- Billing Address: _____
- Deposit: Full Deposit Required at Time of Booking Reservation

Preferred Payment Method:

- Credit Card
- Debit Card
- Certified Check
- Cash
- Venmo
- PayPal

Section 7: Additional Services & Requests

Are there any accessibility requirements or special accommodations?

_____

Do you have any other requests or comments for our team?

_____

Section 8: Emergency Contact Information

- Emergency Contact Name: _____
- Relationship: _____
- Phone Number: _____

Section 9: Authorization & Agreement

- By signing below, you acknowledge that the information provided is accurate to the best of your knowledge.

Client Signature: _____ Date: _____

Client Printed Name: _____

If you have any questions while filling out this form, please contact us at posepictureperfectpros@gmail.com or (919)-646-2333.

We look forward to making your event unforgettable!

-Joshua and Samantha Brooks

Co-Founders, Pose.

Section 10: Office Use Only

- Date Received: _____/_____/_____
- Received By: _____
- Contract Sent: Yes / No
- Deposit Received: Yes / No
- Final Payment Due:_____/_____/_____
- Notes: _____