CLIENT BOOKING FORM

NAME _____ PHONE NUMBER _____

ADDRESS _____

EMAIL ADDRESS _____

TYPE OF SESSION _____

PREFERRED LOCATION

○ Home/Studio ○ Garden/Park ○ Forest ○ Beach ○ Other

PREFERRED SESSION DATE (LIST 3)

_____

_____

_____

PREFERRED TIME (LIST 3)

_____

_____

_____

NAME(S) & AGES OF PARTICIPANT(S)

_____

_____

_____

METHOD OF PAYMENT

○ Credit Card ○ Check ○ Cash

RETAINER FEE PAID _____

DATE _____

BALANCE _____

DUE BY _____

NOTES/SPECIAL REQUESTS

_____

_____

_____

Aléna Diane

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Altamont, NY

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