



Red Feather PHOTOGRAPHY

Basic information

Appointment date: _____

YOUR INFORMATION

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Cell Phone _____

E-mail _____

Best way to be reached {please number in preference order}

email cell phone text home phone

PARENTS' /GUARDIAN INFORMATION

Parent(s) Name(s) _____

Address _____

City _____

Home Phone _____

Cell Phone _____ E-mail _____

Best way to be reached {please number in preference order}

email cell phone text home phone

SCHOOL INFORMATION FOR SENIORS

High School _____

Whom is being photographed (list names)

TYPE OF SESSION

PAYMENTS	NOTES

