

Picture Day Reservation Form

Organization Name: _____

Photo Coordinator: _____

Address: _____

Phone (home): _____ Email: _____

Phone (work): _____ Phone (cell): _____

Fax: _____ Web site: _____

Organization president/supervisor: _____

Phone: _____ Email: _____

DATE: _____ START TIME: _____ SETUP TIME: _____

Please be advised that this date and time entered may not be actual time and date available.

SHOOT DESCRIPTION

Sport/Activity type: _____

Location - Site of photo shoot: _____

Address - Of photo shoot location: _____

Will this shoot be: Indoors Outdoors

How many teams do you have?: _____ How many total children?: _____

How many envelops will you need?: _____

For Office Use Only

Date received: _____ Date contacted: _____

Notes: _____