

Photo Booth Event Questionnaire

CONTACT INFORMATION

FULL NAME:

BEST PHONE #:

ALTERNATIVE PHONE #:

DESIGNATED CONTACT:
(IF DIFFERENT FROM ABOVE)

BEST PHONE #:

ALTERNATIVE PHONE #:

EVENT DETAILS

SETUP DATE:

SETUP TIME:

PHOTO BOOTH SERVICE START TIME:

SETUP LOCATION WITHIN THE
VENUE:

PREFERRED GREEN SCREEN:
(If green is being used)

EVENT NAME

ADDITIONAL INFORMATION