

BOOKING FORM		
COMPANY INFORMATION		
Name:		
Address:		
City:	Telephone:	
Province:	Fax:	
Postal Code:	Other:	
Email Address:		
Web Address:		
CONTACT INFORMATION		
Name:		
Address:		
City:	Telephone:	
Province:	Fax:	
Postal Code:	Mobile:	
Email Address:		
PHOTOGRAPHER INFORMATION (IF DIFFERENT FROM CONTACT)	
Name:		
Address:		
City:	Telephone:	
Province:	Fax:	
Postal Code:	Mobile:	
Email Address:		
Web Address:		
RENTAL INFORMATION	TIME DATE	
Start:		
End:		
Type of Shoot:		
OFFICE USE ONLY		
Booked By:		
Booked Date:	Booked Time:	
Deposit Amount:	Deposit Received By:	
Confirmed By: Confirmation Date:	Confirmed With:	