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PORTRAIT PARTY GUEST FORM

Guest Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Phone #2: _____

Email: _____ Join our Email List?: [] Yes [] No

Please give a brief description of the individual(s) being photographed (Clothing, etc):

Special Instructions? :

THANK YOU FOR ATTENDING THIS PORTRAIT PARTY. YOUR PROOFS WILL BE AVAILABLE TO VIEW ONLINE WITHIN TWO WEEKS. PLEASE PLACE YOUR ORDER DURING THE 7 DAYS THAT YOUR PROOFS WILL BE ONLINE TO ENSURE THAT YOUR HOST RECEIVES CREDIT FOR HER HARD WORK IN PLANNING THIS EVENT PLEASE CONTACT MARIE AT HAPPENSTANCE PHOTOGRAPHY IF YOU WOULD LIKE TO SCHEDULE YOUR OWN PORTRAIT PARTY!