

Electronically complete and digitally sign this form



STYLIZED PHOTO SHOOT INFORMATION FORM

The information I have provided in this document is accurate and Grace Ormonde Wedding Style Magazine will not be held responsible for any false/incorrect information in this document.

Signature: _____ Date: _____

Creative Name for Photo Shoot: _____

Category Company Name City State

Photography: _____ // _____, _____;
Email: _____ Contact: _____

Wardrobe Stylist: _____ // _____, _____;
Email: _____ Contact: _____

Location: _____ // _____, _____;
Email: _____ Contact: _____

Planner: _____ // _____, _____;
Email: _____ Contact: _____

Hair: _____ // _____, _____;
Email: _____ Contact: _____

Makeup: _____ // _____, _____;
Email: _____ Contact: _____

Floral Design: _____ // _____, _____;
Email: _____ Contact: _____

Cake: _____ // _____, _____;
Email: _____ Contact: _____

Caterer: _____ // _____, _____;
Email: _____ Contact: _____

Stationery: _____ // _____, _____;
Email: _____ Contact: _____

Linen: _____ // _____, _____;

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Email: _____ Contact: _____

Rentals: _____ // _____, _____;

Email: _____ Contact: _____

Lighting: _____ // _____, _____;

Email: _____ Contact: _____

Other _____: _____ // _____, _____;

Email: _____ Contact: _____

Other _____: _____ // _____, _____;

Email: _____ Contact: _____

Other _____: _____ // _____, _____;

Email: _____ Contact: _____

Other _____: _____ // _____, _____;

Email: _____ Contact: _____

WARDROBE CREDITS:

(If there are multiple looks in this shoot that require different credits for each look, please supply a separate document with reference photos and corresponding credits to each photo.)

Wedding Dress Designer: _____ //;

Bridal Salon: _____ // _____, _____;

Tuxedo/Suit Designer: _____ //;

Store: _____ // _____, _____;

Engagement Ring Designer: _____ //;

Store: _____ // _____, _____;

Other _____: _____ // _____, _____;

Other _____: _____ // _____, _____;

Other _____: _____ // _____, _____;

Other _____: _____ // _____, _____;