

Wedding Photography Agreement Session Sheet

Between

Blue Rose Photography, PC Medics, Inc. &

Brides Name: _____

Grooms Name: _____

Engagement Session Date: _____ Time: _____

Street Address _____

City: _____ State: _____ Zip: _____

Bridal Session Date: _____ Time: _____

Street Address _____

City: _____ State: _____ Zip: _____

Wedding Date: _____ Time: _____ End Time: _____

Street Address _____

City: _____ State: _____ Zip: _____

Reception Date: _____ Time: _____ End Time: _____

Street Address _____

City: _____ State: _____ Zip: _____