

**PLEASE USE 2 CONSECUTIVE LINES WHEN SCHEDULING 6 OR MORE IN A FAMILY
USE A TIME SLOT FOR MULTI and GENERATION PORTRAIT SITTINGS**

PAGE 1 OF 2

CHURCH NAME _____ CITY _____ STATE _____

DAY _____ DATE _____

WEEKDAY PHOTOGRAPHY APPOINTMENT SCHEDULE

| TIME | # IN PHOTO | LAST NAME, FIRST INITIAL | TELEPHONE | EMAIL ADDRESS (FOR REMINDER NOTIFICATION ONLY) |
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