MAGIC PHOTO BOOTH 4U, LLC

Basic Request Information

Client Name:			
Address:			
City:	State:	Zip:	
Phone #:			
Event Date:			
Event Type:			
Event Location:			
Contact Person:			
Venue Type: (indoor/ou			
Event Address:			
Start Time:	Finish Time:		
Estimated Number of G	uests:		
Package Type: Three Four# of Additional Hours			
How did you hear about			
Photo Booth Option	S		
Personal Message (Printed on Photo Strips):			
Personal Message on Ou			
What are your event col			
Memory Book: Yes			
Please email the comple			
hohby@magicphotoboo	•		