

TCN Entertainment

Photo Booth Questionnaire

Please complete this form to help us create your perfect photo booth experience

Basic Event Information

Event Date (MM/DD/YYYY): _____

Host/Organizer Name: _____

Host Phone Number: _____

Host Email Address: _____

Event Start Time: _____ : _____ [] AM [] PM

Event End Time: _____ : _____ [] AM [] PM

Number of Guests: _____

Venue Information

Reception/Main Venue Name: _____

Reception Address (Street, City, State, Zip): _____

Venue Phone Number: _____

Photo Booth Details

Photo Booth Template (Standard/Custom): _____

Number of Images per Session: _____

Photo Booth Props:
[] Yes [] No

Backdrop Color (White/Shimmering/Black/Other): _____

Photo Booth Duration (hours): _____

Photo Booth Location within Venue: _____

Photo Template Details

Photo Template Size (2x6/4x6): _____

Number of Photos per Template (1-5): _____

Template Description (e.g., balloons, colors, themes):

Photo Booth Special Features

Green Screen Effects:

☐ Yes ☐ No

Instant Printing:

☐ Yes ☐ No

Digital Gallery:

☐ Yes ☐ No

Custom Overlays:

☐ Yes ☐ No

Social Media Sharing:

☐ Yes ☐ No

Video Booth Option:

☐ Yes ☐ No

Event Coordination

Banquet Manager Name & Contact: _____

Photographer Name & Contact: _____

Videographer Name & Contact: _____

Other Vendor Contacts:

Final Notes

Any Additional Notes or Special Requests:

Thank you for completing this questionnaire! Your detailed information helps us create the perfect photo booth experience for your special event. Please return this form at your earliest convenience.

Form Generated: October 17, 2025