

Student Representative Questionnaire

_____	_____	
Name	School	

Address	State	Zip

Phone #	E-mail	

1. Have you been contacted by any other studios to rep for them?
Y or N
2. Why would you like to rep. for Parker Hill Photography?

3. What will you do that will make you a great rep. for our studio?

4. Would you like to be compensated for recommending our studio to your friends and classmates for their senior portraits? Y or N
5. What activities or clubs (in or out of school) are you involved in?

6. What do you think of the portraits you see here in the studio?

7. What type of senior portraits would you like to have taken?

8. What other photography studios have you heard of?

9. Have you seen the work of other studios? If so, what did you like or dislike about it?

10. Can we use your name and number in our mailers to send to your classmates? Y or N