

Photography Approval Application

 First Name Last Name

 Mailing Address

 City ST Zip Code

 Phone Email

 Photographer's Full Name Company Name

- Pre-approval is required by calling Mounts Botanical Garden office 561.233.1757. Photography approvals are issued for the period of time requested, only.
- Rates: \$100 for up to 6 guest for up to a 4 hour time period. Additional guests are \$10 for each individual. The photographer must be included in the guest count.

Guest Amount: _____ Cost: _____

 Date Time Period Location

PAYMENT METHOD

- CASH
- CHECK (WRITTEN TO: FRIENDS OF THE MOUNTS BOTANICAL GARDEN) CK #: _____
- CREDIT CARD: DEBIT VISA MASTERCARD AMEX

Name on Card: _____

CREDIT CARD #: _____

EXP. DATE: _____ 3-4 DIGIT SECURITY #: _____ ZIP CODE: _____

COST: _____

Payment for photography approval for the use of the premises at Mounts Botanical Garden on _____ (MM/DD/YYYY).

THIS AGREEMENT IS RATIFIED:

FRIENDS OF THE MOUNTS BOTANICAL GARDEN, INC.

 DATE By: _____
 Community Engagement Manager