



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.

Date Time Location

Waived: _____

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 #: _____

AMOUNT: _____ ZIP CODE: _____

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