

Photography Contract

Select your preferred permit option:

_____ \$300.00 + \$18.00 = \$318.00 (+6% sales tax) for unlimited, **pre-arranged** photography sessions in The Arboretum for one calendar year (subject to Terms and Conditions of contract)

_____ \$25.00 + 1.50 = \$26.50 (+6% sales tax) per single session (up to **one hour** in duration)

I have read and understand The Arboretum Photography Policy and agree to follow all guidelines.

Please make checks payable to The Arboretum and mail with this completed form to:

The Arboretum
500 Alumni Drive
Lexington, KY 40503

Photographer, Studio or Videographer Name: _____

Street address: _____

City _____ **State** _____ **Zip** _____

Phone _____ **Email:** _____

Preferred date & time of session (for single photography session or videography session):

(Option 1) Date: _____ **Time:** _____

(Option 2) Date: _____ **Time:** _____

Signature **Date**

The Arboretum **Date**

_____ *Check here if you would like the permit mailed to the address listed above.*

For Office Use Only:	
___ Approved ___ Not Approved ___/___/___	Date received ___ Card sent
Amount Paid: ___ Cash ___ Check ___ Visa ___ Mastercard	