

Request for a Portrait Photography Session at Reynolda Gardens

Name of photographer _____

Address _____
apt. or box number city state zip

Phone _____ e-mail _____

Name of subject (s) _____

Address _____
apt. or box number city state zip

Phone _____ e-mail _____

Date of session _____

Time of day (sessions limited to 90 minutes) _____

Location _____

Approved by _____
Reynolda Gardens staff member date

Fee paid (if applicable) _____

Will you be using any props? Please list: _____
(props must be approved)

I, the undersigned, have read the Reynolda Gardens Photography Policy and agree to abide by the restrictions.

_____ subject or photographer

name

circle one

date

Cash or Checks only