

Request for a 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 unless approved) _____

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