

Photography Contract

Select your preferred permit option:

\$300.00 +\$18.00 = <u>\$318.00</u> (+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 = <u>\$26.50</u> (+6% sc	ales tax) per single ses	ssion (up to one hour in duration)
I have read and understand The Arb	oretum Photography I	Policy and agree to follow all guidelines.
Please make checks payable to The A	rboretum and mail v	vith this completed form to:
The Arboretum 500 Alumni Drive Lexington, KY 40503		
Photographer, Studio or Videographer I	Name:	
Street address:		
		Zip
Phone	Email:	
Preferred date & time of session (for sir	ngle photography sess	ion or videography session):
(Option 1) Date:	Ti	me:
(<i>Option 2</i>) Date:	Ti	me:
Signature		Date
The Arboretum		Date
Check here if you would like the permit mailed to the address listed above.		
For Office Use Only:		
ApprovedNot Approved/ Date receivedCard sent		

Amount Paid: _____ Cash _____ Check _____Visa ____Mastercard