PHOTOGRAPHY/VIDEOGRAPHY APPLICATION

Date of Application: ________________

Company/Organization: ______________________________________________________

Contact Name and Affiliation: _________________________________________________

Business Phone: ________________ Cell Phone: ________________

Email Address: ______________________________________________________________

Requested Session Date: ________________ Alternative Date: ________________

Please describe the nature of the shoot. What will the photography be used for?

________________________________________________________________________

Total number of people involved in shoot (including, but not limited to, photographer, camera person/crew, production assistants, on camera talent, hair, make up, wardrobe and others onsite during shoot): __________________________

Please Verify:

_____ I have read and agree to abide by all the rules set forth in the Franklin Park Conservatory and Botanical Gardens Photography/Videography Policy. I understand that failure to comply with the policy could result in our being asked to leave the premises and forfeiture of fees.

_____ I will provide a Certificate of Insurance in the amount of $1,000,000 against damages to persons, grounds, buildings or plant life, and naming Franklin Park Conservatory and Botanical Gardens as additional insured, no later than seven business days before the photography/filming is to take place.

_____ I understand that, upon approval of this application, I must remit payment to Franklin Park Conservatory and Botanical Gardens no later than two weeks prior to the photography/filming is to take place.

Applicant's Signature: ___________________________ Date: ________________

Return to:

Franklin Park Conservatory and Botanical Gardens       Phone: 614.715.8100
1777 East Broad Street                                 Fax: 614.715.8197
Columbus,OH 43203                                      Email:Eventsales@fpconservatory.org