



Photography Reservation Application

Application Date: _____

Name/Organization: _____

Address: _____

City: _____ State: ____ Zip: _____

Primary Phone: _____ Alternate Phone: _____ Email: _____

Requested Photography Date: _____ Time Frame: _____
(Must be within the hours of 8 AM – 5 PM unless otherwise approved by JABG)

Type of Photography Session: _____

Number in Party: _____ (Maximum is 10 plus photographer)

Payment Options:

- | | |
|--|----------|
| <input type="checkbox"/> 2 hour session \$60 | \$ _____ |
| <input type="checkbox"/> Additional hours at \$30 per hour _____ hours @\$30 | \$ _____ |
| <input type="checkbox"/> Full day (9 hours) at \$250 | \$ _____ |
| <input type="checkbox"/> Annual Permit at \$500 per year | \$ _____ |

(Unlimited number of sessions & JABG membership at Friend level)

Total Fee: \$ _____

Must make reservations in advance!!!!

Return application, payment and waiver/indemnification agreement to mailing address noted below.

By check, made payable to Jacksonville Arboretum

By credit card Visa MasterCard

Card # _____ Exp. Date _____ CVC _____

Mailing Address:
1445 Millcoe Road, Jacksonville, FL 32225