COMMERCIAL PHOTOGRAPHY/VIDEOGRAPHY APPLICATION

Date of Application: _____________________________________________________________

Company/Organization: _______________________________________________________________________

Contact Name and Affiliation: _______________________________________________________________________

Business Phone: ____________________ Cell Phone: ____________________

Email: __________________________________________________________________________

Requested Date(s): ________________ Alternate Dates(s): ________________

Start Time Requested: ________________ Finish Time: ________________

Type of Photo/Video Equipment: ________________________________________________________________

_____________________________________________________________________________________

Arboretum location(s): _______________________________________________________________________

Describe the Nature of the Shoot. What will the photography/video be used for? How/when will it be shown? (Use additional sheet if necessary):

_____________________________________________________________________________________

_____________________________________________________________________________________

Total number of people involved (including, but not limited to, photographer or camera persons, crew, production assistants, on camera talent, and other persons to be on site during shoot): ______________

Please verify:

☐ I have read and agree to abide by all rules set forth in the Baker Arboretum Photography 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 understand that, upon approval of this application, I must remit a business or cashier’s check made payable to the Baker Foundation for the total shoot amount no later than two business days before photography/filming is to take place. I understand that I will be held liable for all damages and incidental costs that may occur during the session defined above.

Applicant’s Signature: _______________________________ Date: ________________

Return to:
Baker Arboretum
P.O. Box One
Bowling Green, KY 42104

Phone: (270) 799-2001
email: paula.skaggs@jerryebakerfoundation.org

For internal use only

Approved by: _______________________________ Date: _______________________________

Total Fees Due: _______________________________

☐ $ _____________________ Fees Paid Date: _______________________________
☐ Certificate of Insurance Date: _______________________________

Notes: ____________________________________________________________