

Name					
First Name	Last Name				
Address					
Street Address					
Street Address Line 2	<u>.</u>				
City	State / Province				
Postal / Zip Code					
Phone Number					
Please enter a valid p	hone number.				
Email					
example@example.c	om				
Photography Permit Information  [] Basic photography session (during regular business hours) for two hours \$25 plus admission of \$5 for each individual  [] After hours photography (evenings and weekends) for two hours \$50 plus admission of \$5 for each individual.					
Preferred date/tin	me for photo session				
Month Day Yea	r				
Back up date/tim	ne				

Client name (if applicable) Number of participants? I, the undersigned, have read the Eastern Carolina Village and Farm Museum Photography Policy and understand and agree to abide by all regulations outlined in said policy. Name First Name Last Name Date 1 Month Day Year Approved by Administrator Date . Month Day Year