



## Application and Registration for Professional Photographers

Name \_\_\_\_\_

Name of Business \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

Business website address \_\_\_\_\_

**Please describe the purpose of the photo shoot that you wish to schedule.**

*For example: personal & professional portraits, print publication, etc. (If photos will be used in a specific publication, please name the publication and approximate printing date; if photos will be used on a website please provide website address)*

**Scheduling Information**

Please indicate below the date(s) and time(s) that you would like to schedule a photo shoot.

**1<sup>st</sup> Choice:** Date \_\_\_\_\_ Time \_\_\_\_\_ – \_\_\_\_\_

**2<sup>nd</sup> Choice:** Date \_\_\_\_\_ Time \_\_\_\_\_ – \_\_\_\_\_

**Photography Fees** -- Please select the appropriate payment type and method of payment.

\$500 Annual Fee

\$100 Daily Fee

**Payment**

Check                       Cash                       Credit Card

Type of Credit Card:    MasterCard                       American Express                       VISA

Name as it appears on the card: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

CC Number \_\_\_\_\_ Expiration Date: \_\_\_\_/\_\_\_\_ CVV# \_\_\_\_\_

*I hereby authorize the Lady Bird Johnson Wildflower Center to charge my credit card as described above.*

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Printed Name**

\_\_\_\_\_  
**Date**

*Please complete and return form along with your payment as soon as possible prior to the shoot date.*

**Email** [eganm@wildflower.org](mailto:eganm@wildflower.org)    **Fax** (512-232-0156)    **Mail**  
Lady Bird Johnson Wildflower Center  
Attn: Facility Rentals  
4801 La Crosse Avenue  
Austin, Texas 78739

Questions? Please contact the Facility Rental Office at 512.232.0164