

Photography Permit Application

PHOTOGRAPHER INFORMATION:					
Photographer's Name:					
Business Name (if applicable):					
Address:					
City:	State:	Zip Code:			
E-mail:	Phone: ()	:			
Photography Permit Information:					
Type of Photographs: () Family/Single Portraits (Amateur\$20, Professional\$40) (Check One) () Senior portraits/prom (Amateur\$20, \$5 per student)					
charge of \$25 for each additional 30 minutes. Board	**	l volunteer must be present.			
Date for Photo Shoot ://					
Arrival Time A.M./P.M.	Departure Time	A.M./P.M.			
Client Name (if applicable):					
Number of participants:					
I, the undersigned, have read the Eastern Carolina Vill understand and agree to abide by all regulations outlin		m Photography Policy and			
Applicant Name		Date / /			
Approved by Administrator		Date			