



# Photography/Videography Permit

Please Check Only One:  Daily Pass \$75.00 (includes 2 admissions, a \$16 value)  
 Annual Membership \$250.00 (incl 4 admissions per visit, a \$64 value)

Date: \_\_\_\_\_

Business Name: \_\_\_\_\_

Photographer Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: (circle) home / cell / work (\_\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

Signature: \_\_\_\_\_

IF this is a **GIFT MEMBERSHIP**, who is PURCHASING the Gift Membership?

LAST: \_\_\_\_\_ FIRST: \_\_\_\_\_

Title: (circle) Mrs. / Mr. / Ms. / Miss / Other: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Deliver to: Giver / Recipient

Send Renewal to: Giver / Receptient / Both

PAYMENT TOTAL \$ \_\_\_\_\_ Payable to 'Wellfield Botanic Gardens' by Check # \_\_\_\_\_ / Cash / Credit Card

Credit Card type (circle) VISA / MC / DISC / AMEX Name on Card: \_\_\_\_\_

Card # \_\_\_\_\_ Exp: \_\_\_\_\_ CCV: \_\_\_\_\_ Billing Zip code if different from above: \_\_\_\_\_

Other Payment Type: \_\_\_\_\_ Comments: \_\_\_\_\_

Front Office: Staff Initials \_\_\_\_\_ Pmt Received Y/N Altru \_\_\_\_\_ Temp Card(s) Issued \_\_\_\_\_ Order # \_\_\_\_\_

Back Office: Data Entry Y/N Card(s) Mailed Y/N Complete Y/N Notes: \_\_\_\_\_