



Date: _____

Time of Day: _____

Rotary Botanical Gardens Photo Session

Contact Person: _____

Address: _____ Telephone: _____

Email Address: _____

Photographer: _____

Photographer's Website or Email address: _____

\$25 photographer fee + admission for each guest

Total Due:

_____ # adults x \$5.00 = \$ _____

_____ # children x \$3.00 = \$ _____

Photographer fee = \$25.00

Total Amount Paid= \$ _____

Per City ordinance: No alcoholic beverages are allowed in the gardens

All Garden areas will be available unless reserved. You are asked not to interfere with any previously planned event in the gardens. Please be careful not to damage plant material when taking photographs.

Requestor's Signature: _____ Date: _____

Office Use:

Payment Type: _____ Receipt # _____

Staff Signature: _____

Rotary Botanical Gardens 1455 Palmer Drive Janesville, WI 53545 Tel: (608) 752-3885
Visit us at www.rotarybotanicalgardens.org