

## **PHOTOGRAPHY SESSION FORM**

USER/GROUP NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

E-Mail \_\_\_\_\_ Phone No. \_\_\_\_\_

Event Date \_\_\_\_\_ Time \_\_\_\_\_

Event Type \_\_\_\_\_ No. of Participants \_\_\_\_\_

**I/We understand that I am/We are required to show proof of Certificate of Insurance which adds ECCHS to my/our liability insurance policy.**

Name of Insurance Company \_\_\_\_\_

Address \_\_\_\_\_

**I/We further understand that I/We must maintain a current business membership in ECCHS (current annual fee \$50) in order to use the Museum and its grounds for a photography session.**

Fee for a photography session is currently set at \$50.00. The photography session is limited to two (2) hours with a maximum of 25 persons.

Please submit this completed form to ECCHS, P. O. Box 202, Brentwood, CA 94513 at least fourteen (14) days prior to your requested event. You will be notified if the requested time and date can be accommodated.

**I have read the Photography Policy on the ECHS website ([www.eastcontracostahistory.org](http://www.eastcontracostahistory.org)) and agree to comply with its conditions.**

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

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