

## Photography & Filmography Session Request Form **PLEASE PRINT LEGIBLY**

If you already have an account with Active Montgomery, please use the email associated with your account. If you do not have an account, we will create one for you.

FIRST NAME	LAST NAME		BIRTHDATE		
BUSINESS/ORGANIZATION NAM	E (if applicable)				
STREET ADDRESS	C	ITY	STATE	ZIPCODE	
EMAIL					
PRIMARY PHONE	SECONDARY PHONE				
Photo/Film Session Details	Please be as specif	ic as possible, so t	hat we can try to accom	nodate your needs.	
PHOTO SESSION DATE REQUESTI	ED S	TART TIME	END TIME	TOTAL HOURS	
ALTERNATIVE SESSION DATE REQUESTED		TART TIME	END TIME	TOTAL HOURS	
SPECIFIC PARK AREA(S) TO BE US					
TOTAL # PEOPLE IN GROUP (Inclu TOTAL # VEHICLES EXPECTED					
PURPOSE OF PHOTO SESSION: Please check any that apply:					
We plan to bring clo	othing/costume chang	ges We	will arrive in a limo or larg	e vehicle	
STAFF USE ONLY					
DATE RECEIVED WMC	TE RECEIVED WMCP STAFF APPROVAL		DATE APPROVED		
PERMIT CONTRACT TITLE	PERMIT #				
Permit Contract created/date emailed with Terms of Use Customer Confirmation Email sent			Payment Received on Permit copy filed for Visitor Center		