



7402 West Lake Katherine Drive
Palos Heights, Illinois 60463
Phone (708)361-1873 Fax (708)361-2978

PHOTO PERMIT APPLICATION

Name of Applicant: _____

Phone: (Day) _____ (Evening) _____ E-mail: _____

☐ Please add me to your e-mail list.

Address: _____ City/State/Zip: _____

Type of Event: _____ Estimated Attendance: _____

Date of Event: _____ Time: _____ AM/PM to _____ AM/PM

Photo Permit Fee: (\$100.00 per hour due with application) Ck# _____ Auth# _____ Cash _____

Are you renting the clubhouse or auditorium? Yes _____ No _____

Fee waived if renting the clubhouse or auditorium.

PLEASE INITIAL THAT YOU UNDERSTAND THE FOLLOWING:

- 1. Cancellation of a permit will result in a loss of \$100.00 permit fee. Initial ____
2. Alcohol is not permitted - individual violators are subject to a \$250.00 fine. Your entire wedding party will be asked to leave, and you will NOT be refunded the \$100.00 permit fee Initial ____
3. Any changes (date, time, etc.) must be made in writing. Verbal changes are not accepted. Initial ____
4. The buildings for bathroom use are not included in the rental agreement. Please keep this in mind when planning for your day. The Nature Center is available only during normal business hours which are Monday-Friday 9a-5p Saturday 10a-4p. Initial ____
5. Permit does not guarantee access to specific locations at Lake Katherine. Initial ____

It is understood and agreed that the applicant assumes all risks for loss, damage, liability, and cost of expenses that may arise during or be caused in any way by such use or occupancy of the facility of Lake Katherine Nature Center and Botanic Gardens. The applicant further agrees that in consideration of being permitted to use said facility he/she will save and hold harmless the City of Palos Heights and Lake Katherine Nature Center and Botanic Gardens and/or their employees from loss, claims, liabilities or damages, and/or injuries of persons and property that in any way may be caused by applicant's use of occupancy of said facility.

I have carefully read and understand the Photo Permit Terms and Conditions, and I agree to them as written.

Signature of Renter: _____ Date: _____

Signature of Lake Katherine Representative: _____

A signed application will be sent to the applicant. It will serve as the permit for use of the Lake Katherine grounds for photography. If the application is not approved the permit fee will be refunded. In the event of inclement weather the refund request form must be submitted within five business days of the scheduled permit time. For further information call Lake Katherine (708) 361-1873.

Please be prompt and show consideration to those scheduled before, during and after your time slot. Remember that Lake Katherine is open to the public and privacy cannot be guaranteed.

OFFICE USE

Deposit: Cash ___ Check # ___ Credit Card (auth) _____

Rental Fees: Cash ___ Check # ___ Credit Card (auth) _____

Deposit Refund: Full ___ Partial ___ Amount: _____

Mailed (date): _____ Credit Card (auth) _____

CREDIT CARD PAYMENT INFORMATION			
<input type="checkbox"/> VISA	<input type="checkbox"/> MASTERCARD	<input type="checkbox"/> DISCOVER	
ACCT #	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
CSV #	<input type="text"/> <input type="text"/> <input type="text"/>	EXP DATE: _____	AMOUNT: \$ _____
NAME ON CARD: _____			
AUTHORIZED SIGNATURE: _____			
DATE: _____			