

PHOTOGRAPHY AT THE BELLEVUE BOTANICAL GARDEN

- Make your reservation by submitting the attached Facility Use Request Form and Rental Fee Calculation Worksheet.
- Include your payment (check, cash, or credit card information).
- Mail to: Bellevue Botanical Garden Office
12001 Main Street
Bellevue, WA 98005

Cost: \$25 for the first two hours; \$12.50 for each hour thereafter for professional photography.

Commercial photography (still or video) is considered on a case-by-case basis. Please call 425-452-2750.

Reminders:

- Please limit your group to 25 people;
- Please observe all garden rules (no smoking, no pets, etc);
- Reserve your space at least one week in advance;
- We do not have changing rooms or facilities for indoor photography;
- Please keep pathways clear for garden visitors;
- Please protect the garden by staying out of planting beds; you are welcome to walk on the lawns;
- Please do not climb on the rocks or in the trees – even for that perfect shot!
- Please respect other visitors; do not create disturbances
- If you are being dropped off by limo, shuttle, or other, please inform your driver they may drop you off and pick you up in the loading zone but may not wait there. They may wait at Wilburton Hill Park.

For more information, call 425-452-2750 or email BBGRentals@bellevuewa.gov



TODAY'S DATE: _____

GROUP/ORGANIZATION: _____ **NON-PROFIT ID #:** _____

PRIMARY CONTACT: _____ **WORK PHONE:** (____) _____

ADDRESS: _____ **HOME PHONE:** (____) _____

CITY: _____ **CELL PHONE:** (____) _____

STATE: _____ **ZIP:** _____ **FAX NUMBER:** (____) _____

EMAIL: _____

SECONDARY CONTACT NAME: _____

EMAIL: _____ **PHONE:** (____) _____

NAME OF FACILITY/PARK: Bellevue Botanical Garden **ROOM/AREA:** Garden only - Photography

DATE(S) REQUESTED: _____
(Attach separate sheet if needed)

TIME REQUESTED: _____ **TO** _____ **TOTAL HOURS:** _____
(Include setup, take-down, & cleanup)

WHO WILL DO SET-UP/TAKE DOWN OF TABLES & CHAIRS? MY GROUP _____ FACILITY STAFF _____

TYPE OF ACTIVITY: Photography Only

ANTICIPATED ATTENDANCE: Total: _____ By Age Groups: ADULTS- _____ CHILDREN- _____

In addition to this form, complete and submit the following: Facility Use–Supplemental Form, Rental Fee Calculation Worksheet, City of Bellevue Credit Card Authorization Form (if applicable). Refer to the “Facility Rental Information” document and the rental packet for the specific site for additional information.

MAILING ADDRESS:

City of Bellevue
Bellevue Botanical Garden
12001 Main St
Bellevue, WA 98005

FOR OFFICE USE ONLY
Barcode: _____
Contract #: _____

AGREEMENTS

The applicant agrees that, during the use of the Parks & Community Services facility, _____
(Name of Group)
will not exclude anyone participation in, deny anyone the benefit of, or otherwise subject anyone to unlawful discrimination or harassment.

The undersigned hereby makes application to City of Bellevue for use of the Parks & Community Services facility described above and certifies that the information given in the application materials is correct. The undersigned further states that he/she has the authority to make this application for the applicant and agrees that the applicant will observe the rules/regulations & policies/procedures of the City of Bellevue Parks & Community Services Department. The applicant agrees to exercise the utmost care in the use of the premises and property and to hold the City of Bellevue harmless from all liability resulting from the use of said facilities. The applicant further agrees to reimburse the City of Bellevue for any damage arising from the applicant’s use of said facilities. The applicant signing this agreement will be considered the responsible party in case of damage, theft, or disturbances during the rental period.

I have read, understood, and accepted all procedures in the City of Bellevue’s Facility Rental Information and the Supplemental Form documents for the facility I am requesting to use. I further certify that I am 21 years of age or older.

SIGNATURES:

PRIMARY CONTACT: _____ **DATE:** _____

SECONDARY CONTACT: _____ **DATE:** _____



RENTAL FEE CALCULATION WORKSHEET

Complete this worksheet to determine the approximate cost of renting the requested City of Bellevue facility. Contact facility staff if you need assistance.

ADDITIONAL FEES & PAYMENT INFO

Additional fees may be incurred for cancellations, changes to rental time, additional cleaning, and repairs required that exceed the deposit amount. We accept cash, checks, VISA, and MasterCard. Make checks payable to *City of Bellevue*.

Wedding or Family Photography:

\$25 for the first 2 hours

\$ _____

\$12.50 for each additional hour

Or

Commercial Still Photography:

\$50 permit fee

\$ _____

\$50 – 1/2 day use fee

\$200 deposit

Commercial Filming:

\$50 permit fee

\$ _____

\$150 – 1/2 day use fee

\$200 deposit

Pay this amount:

\$ _____