

**Strawbery Banke Museum
Project Request Form - Photography and Filming**

Applicant's Contact Information

Full Name: _____

Company: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Country: _____

Daytime Phone: _____ Fax: _____

E-Mail Address: _____

Billing Information (If Different From Above)

Full Name: _____

Company: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Country: _____

Project Detail

Dates and times requested for photography or filming:

Please provide a detailed description of the project:

What Strawbery Banke Museum location(s) are you requesting for this project?

If you wish to photograph or film specific objects at Strawbery Banke Museum, please list them.

Please list the names of Strawbery Banke Museum staff members that you wish to interview, photograph, and/or film. If you do not have specific names, please describe what types of expertise you are looking for.

How much time in the museum or with the requested staff do you anticipate will be required?
Please include set-up and break down.

What equipment will the crew bring? How many members in the crew? Please include the
number and types of lights and total wattage to be used.

What are the proposed uses of the photograph or film? Please include all languages.

Will the photographs or film footage be used for commercial purposes?

What is the scheduled publishing date, air date(s), or issue date?

Agreement

I have read and understand the terms and conditions set forth in the Strawberry Banke Museum
Museum Photography and Filming Policy, and agree to abide by them. I also understand that this
Application constitutes a contract by and between myself or my company/organization and
Strawberry Banke Museum, and that any dispute or claim arising out of this agreement shall be
subject to the laws of the State of New Hampshire and shall be settled through the New
Hampshire court system or other dispute resolution means to be chosen by Strawberry Banke
Museum.

Principal or Officer's Signature

_____ Date: _____

Name & Title (printed) _____

FOR MUSEUM USE ONLY

Approved _____ Date: _____

Remarks or exceptions:

Fee: