

**Kirk of Kildaire, Presbyterian
Cary, North Carolina**

PHOTOGRAPHER/VIDEOGRAPHER PERMIT

This is to certify that I have read the photography/videography guidelines for the Kirk and agree to be responsible for following these guidelines as rules.

Firm _____

Address _____

Telephone Numbers cell _____ office _____

Email _____

Signature of Photographer/Videographer _____

Date _____

Wedding Party Name _____

Date of Wedding _____ Time of Wedding _____