



MARKETING@TERRANOVAEQUESTRIAN.COM

## *Private Photography Form: 2024*

Private client photographers may not apply for media credentials. Media credentials are only granted to those with an eligible assignment letter from a publication. Private client photographers may shoot up to 5 clients per show week with payment of weekly fee and proof of insurance. All clients must be listed in advance on the application. On-site sales and solicitation of services are prohibited. Supplied credentials must be worn at all times. Private photographers may enter the ring **only** for awards presentations.

Hobbyists and family may take pictures but must stand back 10 ft. from the arena fence at all times when shooting for safety reasons. Hobbyists and family may not sell any images captured.

The official photographer reserves the right to ask other photographers and media to move to another location.

BUSINESS NAME: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_  
CONTACT NAME: \_\_\_\_\_ PHONE #: \_\_\_\_\_

### VENDOR OPTIONS:

Private Client Photography Pass (5 clients maximum): \$500/week

### EVENT DATES:

TerraNova Winter Series Week I: February 15-18, 2024

TerraNova Winter Series Week II: February 22-25, 2024

TerraNova Winter Series Week III: March 14-17, 2024

TerraNova Winter Series Week IIII: March 21-24, 2024

The Event at TerraNova: March 28-31, 2024

PLEASE NOTE: PRIVATE PHOTOGRAPHY IS PROHIBITED DURING TERRANOVA DRESSAGE COMPETITIONS

LIST ALL (5) CLIENTS: \_\_\_\_\_

TYPE OF CONTENT: \_\_\_\_\_

INTENDED USE FOR CONTENT: \_\_\_\_\_

Please provide a Certificate of Insurance (COI) with your form listing additional insureds as Events at TerraNova, LLC and Nova 31625, LLC with address 1301 6th Ave West; Bradenton, FL 34205. Sign and complete this form to authorize TerraNova to make a charge to your card three weeks prior to the events selected above. Make checks payable to Events At TerraNova, LLC and mail to the address listed above and email this form to [rachel@terranovaequestrian.com](mailto:rachel@terranovaequestrian.com).

TOTAL AMOUNT: \$ \_\_\_\_\_

Name on Card: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Card Number: \_\_\_\_\_

CVV: \_\_\_\_\_ Cardholder Address: \_\_\_\_\_ Billing ZIP: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

By signing this form you give us permission to debit your account for the amount indicated above. This is permission for a single transaction only and does not provide authorization for any additional unrelated debits or credits to your account.