

# DRONE PHOTOGRAPHY BOOKING FORM

Request Date:

Client Information			
First Name	Last Name	Company Name	
Email Address		Phone Number	
Street Address	City	State	Zip Code

Project Details		
Project Name	Project Location	
Date of Shoot	Start Time	End Time
What services are needed?	Do you have all necessary permissions/permits?	
Description of Project		

## Terms and Conditions:

By submitting this form, you agree to abide by all local laws and regulations regarding drone operation. You also agree that the footage captured may be used for promotional purposes by our company unless otherwise specified.

Cancellations made less than 24 hours prior to the scheduled shoot may incur a cancellation fee.

Signature:

Date: