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REQUEST TO TAKE PHOTOGRAPHS OF THE CATHEDRAL

Date: _____

Full Name and Address:
(Attach copy of business card/letterhead)

Name of Contact Person: _____

Address: _____ Contact Numbers: _____

Office: _____

Mobile: _____
Email: _____

Full description and Purpose of Photoshoot:

Date of Shoot: _____ Day: _____

Time of Shoot: **Start:** _____ **End:** _____

Estimated number in attendance: _____

Specify:
Cathedral spaces required to be photographed:

Agreement:
Please insert this note into your project:
Photographs used in this project were taken with the permission of the Dean of St George’s Cathedral to be used exclusively for this project. Photographs of the Cathedral can only be used in any non-Cathedral publication with the express permission of the Dean.

Please read and sign the Cathedral’s Photography Policy

Signature: _____

Date: _____

FOR OFFICE USE ONLY:
