



COLORADO FILM SCHOOL

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Lab Tech Line: 303-340-7325 | Fax: 303-340-7326

STUDENT SHOOT REQUEST/NOTIFICATION

STUDENT NAME: _____ NUM. OF CREW: _____

STUDENT PHONE: _____ NUM. OF CAST: _____

PROJECT NAME: _____ FORMAT: ___VIDEO ___FILM

PRODUCTION DATE(S) AND TIME(S):

LOCATION(S):

Does this project involve stunts, pyrotechnics (explosives, smoke, or flammable liquids), or depict the use of guns, drugs, or gangs? If "YES", please explain.

___ YES

___ NO

Will this shoot impede vehicular or pedestrian traffic in any way? If "YES", please explain.

___ YES (vehicular)

___ YES (pedestrian)

___ NO

I attest that the above information is accurate: _____

STUDENT SIGNATURE