

STUDIO REQUEST FORM



NAME: _____

DATE, START/END TIME: _____

PHONE NUMBER: _____

CREW

Producer:

Floor Director:

Technical Director:

Camera:

Audio Technician:

Camera:

Graphics:

Camera:

REQUEST

FORMAT OF PRODUCTION	
CONTENT OF PRODUCTION	
NUMBER OF TALENT	
NUMBER OF CAMERAS (circle one)	SINGLE CAMERA MULTI CAMERA
STUDIO REQUESTED (circle one)	STUDIO A STUDIO B
EQUIPMENT REQUESTED <ul style="list-style-type: none">● # Microphones & type● # Cables & length● Lighting needs● Other	
SET REQUIREMENTS <ul style="list-style-type: none">● Chairs● Props● Set Elements● Other	
OTHER	

Staff Signature:

Date: