## STATEMENT OF INTENT

I have read and understand the Cal Poly Humboldt Policy for Commercial Visual and Sound Productions and agree to the stated terms and conditions. My signature below affirms my authority to make decisions on behalf of my company while filming on the Cal Poly Humboldt campus.

Name:					
Title:					
Company:					
Signature:					
PRODUCTION REFERENCE					
Production Title:					
Estimated Campus Access Dates: _					
	Arrival on campus		Final departure		
CREDIT AND CHARACTER REFERENCE					
Last Venue or Facility Booked:					
Name of Facility Manager:					
Phone Number:					

Please fill out this page and the following forms and email them to Cal Poly Humboldt's Office of Marketing & Communications, marcom@humboldt.edu, or call us at (707) 826-3321. Upon receipt of these forms we will contact you to schedule a walk-through and follow-up meeting.

Thank you, Marketing & Communications (707) 826-3321

## PRODUCTION COMPANY INFORMATION **Project** Title: Company Name: Company Address: Main Phone Number: Main Fax: What type of project is this? (i.e. feature film, documentary, sound production): Brief description of the project: ACCESS DATES Arrival: \_\_\_\_\_ Departure: \_\_\_\_\_ PERSONNEL Producer: Phone: Director: Phone: Assistant Director: Phone: Phone: Location Manager: Total Total # of crew: cast: **VEHICLES** Describe types of vehicles and how many:

EQUIP	MENT			
Numbe	er of Cameras:			
Numbe	er of Props:			
Numbe	er of Sound Packa	ages:		
Type of	f Grip Equipmen	t:		
PRODU	ICTION DETAII	LS		
Date	Time at location	Filming times	Locations and access needed	Detailed scene description
	Start:	Start:		
	End:	End:		
	Start:	Start:		
	End:	End:		
	Start:	Start:		
	End:	End:		
	Start:	Start:		
	End:	End:		
	Start:	Start:		
	End:	End:		

PLEASE ATTACH A COPY OF THE SCRIPT AND ANY ADDITIONAL PAGES AS NEEDED.