

**SDSU Television, Film and New Media Production
FILM SHOOTS**

This form must be filled out completely whether or not you require any insurance certificates for your film shoots. The form must be signed by your instructor or the Director of the School of TTF.

Student Producer checking out equipment _____
Members of film group _____
Contact number () _____ **E-mail** _____



Project Title _____ **Date(s) of Shoot** _____

Location and Address of Shoot _____

Explain any potentially dangerous actions _____



_____ **Require evidence of coverage:** Bring this completed form to Dominoe Franco, Administration Bldg., Room 320, at least **ten (10) business days prior to film shoot**. Evidence of coverage certificate will be obtained and either emailed or faxed to the party requesting the certificate.

Vendor (yes/no) **SDSU equipment (yes/no)** **Personal equipment (yes/no)**

Vendor Name _____

Address _____

Fax No. _____ Email _____

Pick-up date _____ Drop off date _____



_____ **Do not require Evidence of Coverage:** Send completed forms to Dominoe Franco, Administration Bldg., Room 320, Mail Code 1620.



Non-university people involved in project? no _____ yes _____ Name(s) _____

(Note: A completed Waiver and Release form must accompany this form for each non-university participant.)



I certify that I have **received** and **reviewed** the script/screenplay for this project and request that Business and Financial Affairs issue Evidence of Coverage for this project.

Instructor or Director Approval _____ Date _____

If you have any questions, please call Dominoe Franco (619) 594-6018.