

MISSION SAN JUAN CAPISTRANO

# FILM & COMMERCIAL PHOTO SHOOT APPLICATION

**To: Prospective Applicants**

To be considered for approval for your film permit application, please submit up to three weeks in advance of proposed date. Additionally, due to the high volume of events hosted at the Mission, further advance request is recommended.

DATE \_\_\_\_\_

PROFESSIONAL  STUDENT

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY/STATE/ZIP \_\_\_\_\_

PHONE \_\_\_\_\_

FAX \_\_\_\_\_

EMAIL \_\_\_\_\_

NAME/PROJECT NAME \_\_\_\_\_

PROJECT DESCRIPTION \_\_\_\_\_

FILM/PHOTO SHOOT DATE(S) \_\_\_\_\_

FILM/PHOTO SHOOT TIME (ARRIVAL AND DEPARTURE) \_\_\_\_\_

SETUP/REMOVAL DATES \_\_\_\_\_

# OF MODELS/ACTORS \_\_\_\_\_

SIZE OF CREW \_\_\_\_\_

PARKING NEEDS \_\_\_\_\_

DRESSING ROOM NEEDS \_\_\_\_\_

SOUND REQUIREMENTS \_\_\_\_\_

ADDITIONAL PROPS \_\_\_\_\_

SHOOTING  INDOORS  OUTDOORS  BOTH

PLEASE PROVIDE THE LAST LOCATION /COMPANY THAT YOUR COMPANY FILMED AT AND THE CONTACT PERSON FOR THAT LOCATION.

\_\_\_\_\_  
\_\_\_\_\_

IS CLOSURE OF ANY PART OF THE MISSION REQUIRED?  YES  NO

DESCRIBE: \_\_\_\_\_  
\_\_\_\_\_

OTHER CONCERNS OR INSTRUCTIONS: \_\_\_\_\_  
\_\_\_\_\_

INSURANCE:  \$1,000,000 LIABILITY REQUIRED  
SUBMIT PROOF OF INSURANCE WITH COPY OF SCRIPT FOR CONSIDERATION.

If a movie application, provide the script in order to be considered.  
(Script will be returned to you)

Date \_\_\_\_\_

Executive Director Signature \_\_\_\_\_

Approved  Approved subject to attached conditions  Denied

