



# WISCONSIN

UNIVERSITY OF WISCONSIN-MADISON

## Film, Television, Photography or Other Commercial Production Application Form

The information below must be completed in full

### OVERVIEW

Date form is submitted:		Date Filming Begins:	
Requestor Name:		Email:	
Phone #:		Cell #:	
Company:		Type of Company:	Individual   Partnership   Corporation
Street Address:		City and Zip Code:	
Company Phone #:		Company Fax #:	

### PRODUCTION TYPE

Still Photography	Charity Video	Commercial
Corporate video	Documentary	Educational Video
Film (short or feature)	Tourism video	TV episode
Other (describe):		

### PRODUCTION OVERVIEW

Project Title:	
Date filming/photo shoot begins:	
Number of shooting days:	
Number of crew:	
Number of cast:	
Number of vehicles (private/commercial):	

**Equipment to be used:** (Check all that apply)

Camera cars	Camera crane	Camera dolly on pavement
Camera dolly on track	Car(s) or truck(s)	Car with ext. camera mount
Generator	Scaffolding	Lighting stands
Other (describe):		

**Site Location(s) Requested:**

<b>Location 1:</b>		
Date(s) at this site:		
Set up time will begin:		
Start time of production:		
Estimated end time of production:		
Clean up of site will be completed by:		
Will production require:		
Amplified sound?	Electrical needs?	Signs of any kind?
Vehicles on site?	Vehicles on site?	Site alteration?
Water supply needed?	Water supply needed?	
Additional special needs:		

**NOTE: Any additional location sites need to be listed on an attachment.**

A fee will be paid to the University of Wisconsin–Madison to offset any costs that the university may incur due to your production.

The University of Wisconsin–Madison encourages the production company to use university students as extras and production assistants under such terms as you choose to negotiate with them. In addition, it encourages representatives of the production company to make themselves available for classroom discussions of their work.

Will university students' talent be auditioned?	
If so, please estimate the number of roles to be cast locally:	

**The below-signed acknowledges that he/she will comply with the UW–Madison Film, Television, Video, Photography and Other Commercial Production on Campus Policy. The below-signed agrees to update the information described above as production plans change.**

Authorized Representative SIGNATURE:		Authorized Representative PRINTED FULL NAME:	
DATE:			

**Send this completed and signed form to:**

**Tricia Dickinson**  
**University Marketing**  
 711 State Street  
 Suite 200  
 Madison, WI 53703