## Westmont College Filming Inquiry Form

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CONTACT NAME:		COMPANY/ORGANIZATION:		
TITLE/RELATIONSHIP TO FILMING:				
EMAIL ADDRESS:		PHONE:		
STREET:	CITY:		ZIP:	COUNTRY:
TYPE OF PROJECT:		PROPOSED USE AND DISTRIBUTION:		
Production Film				
Documentary/Educational Film		Movie Theatre		
Still Photography		□ Web		
			Print	
Student Project				
FOR PROFIT D NOT FOR PROFIT D				
TENTATIVE DATES:		1		
START TIME (ENTER CAMPUS): END TIME (DEPARTING CAMPUS):				
DESIRED CAMPUS LOCATION(S) FOR FILMING:				
PROJECT DESTINATION (STORYLINE):				
TARGET AUDIENCE:				
PRODUCTION COMPANY: CLIENT:				
PRODUCER:				
NUMBER OF CREW:		NUMBER O	F TALENT:	
WILL YOU BE SHOOTING SOUND		AMOUNT AND TYPE OF EQUIPMENT INVOLVED		
□ Not Applicable				
$\Box$ Yes				
□ No				
PROPS LIST:		VEHICLE LIST (TYPE and #):		
HOW WILL YOU BE ALTERING DESIRED LOCATION:				
ADDITIONAL INFORMATION:				
OFFICE USE ONLY				
DATE RECEIVED:			ED	INITIALS:

An approved, signed, copy of this document must be kept on hand at all times while on campus and presented upon request. Inability to provide proof of approval will result in immediate termination of shoot, and being escorted off campus.