



FOR OFFICE USE ONLY:

- | | | | | |
|--------------------------------------|-------------------------------------|--------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> APPLICATION | <input type="checkbox"/> STUDENT ID | STUNTS | NUDITY | <input type="checkbox"/> AGREEMENT |
| <input type="checkbox"/> BUDGET | <input type="checkbox"/> AOS | <input type="checkbox"/> STC/STP | <input type="checkbox"/> NUDITY | <input type="checkbox"/> PERFORMER FORMS |
| <input type="checkbox"/> SCRIPT | <input type="checkbox"/> WORKSAFE | <input type="checkbox"/> STC RESUME | <input type="checkbox"/> SEMI-NUDITY | <input type="checkbox"/> FINAL CAST LIST |
| <input type="checkbox"/> CAST LIST | <input type="checkbox"/> MINORS | <input type="checkbox"/> DESCRIPTION | <input type="checkbox"/> SIM.SEX.ACT. | |
| <input type="checkbox"/> CREW LIST | <input type="checkbox"/> TRAVEL | <input type="checkbox"/> CGL | <input type="checkbox"/> INTIMATE SC. | |
| | | | <input type="checkbox"/> RIDER | |

STUDENT ULTRA-LOW BUDGET APPLICATION FORM

FEATURE SHORT FILM OTHER _____

PRODUCTION TITLE:

PRODUCTION COMPANY:

ADDRESS:

PHONE #:

FAX #:

EMAIL:

SHOOT DATES: START:

END:

*PRODUCER:

*DIRECTOR:

SCHOOL:

Please attached a copy of current school identification.

INTENDED USE:

COURSE INSTRUCTOR:

TOTAL PRODUCTION CASH COSTS: \$ _____

Please attach a copy of the budget which declares all **cash payments and donations**. All "in kind" donations do not form part of the Total Production Cash Cost amount but the known or estimated value of the donations are to be noted in a separate column on the budget.

PRE-SALES / DISTRIBUTION:

FUNDING SOURCES:

ALL CAST MEMBERS ARE CANADIAN CITIZENS OR HAVE LANDED IMMIGRANT STATUS: YES NO

SHOOTING LOCATION:

PERFORMERS REQUIRED TO STAY OVERNIGHT AT DISTANT LOCATON: YES NO

PERFORMERS RECEIVING COMPENSATION: YES NO

NUMBER OF SCHEDULED STUNT DAYS:

STUNT COORDINATOR:

Productions with Stunts are required to obtain Commercial General Liability Insurance as per Schedule A. Please attach a copy of the certificate.

NUDITY/SEMI-NUDITY SCENES: YES NO SIMULATED SEXUAL ACTIVITY: YES NO

If yes, please list Performers involved:

MINORS: YES NO

If yes, please list names and age:

PLEASE ATTACH THE FOLLOWING: SCRIPT CAST LIST CREW LIST BUDGET

I, _____ DECLARE THE ABOVE INFORMATION TO BE TRUE AND ACCURATE

COMMENTS & QUESTIONS: