

CCA-TV EXTRAS

Pre-Production Sheet

CCA-TV GROUP MEMBERS (Full Names): _____

DESCRIPTION OF VIDEO: _____

PERSONNEL

Must be approved at least 2 days before production date

STUDENTS/STAFF INVOLVED (Full Names):

DATE(S) NEEDED: _____ SPECIFIC TIME: _____ APPROX. DURATION: _____

IMPACTED STAFF: _____

PRINT NAME

SIGNATURE

DATE

LOCATION

Must be approved at least 2 days before production date

SPECIFIC LOCATION: _____

DATE(S) NEEDED: _____ SPECIFIC TIME: _____ APPROX. DURATION: _____

IMPACTED STAFF: _____

PRINT NAME

SIGNATURE

DATE

If filming in Video/Film production studio: 1) Approval from instructor is required, 2) Please add dates/times to studio schedule (posted at studio entrance)-- you will need to coordinate with other teams filming in the studio space.

GREEN LIGHT

Must be approved at least 2 days before production date

EQUIPMENT NEEDED: _____

CCA-TV INSTRUCTOR APPROVAL: _____

SIGNATURE

DATE