

Location Agreement

(This half is on location during production.)

Name of Producer: _____

Name of Students Involved: _____

Specific Location:* _____

Date and Time of Use: _____

Impacted Staff Member's Printed Name**:

Impacted Staff Member's Signature: _____

Norbeck Signature: _____

***ALL LOCATIONS MUST BE ON CAMPUS.**

****If shooting in the location named will impact a staff member the group must obtain staff member's PRIOR permission. If shooting in the V/F Lab Mr. Norbeck's permission is required.**

Location Agreement

(This half stays in the classroom.)

Name of Producer: _____

Name of Students Involved: _____

Specific Location:* _____

Date and Time of Use: _____

Impacted Staff Member's Printed Name**:

Impacted Staff Member's Signature: _____

Norbeck Signature: _____