

Regis University Film, Video and Television Permit Application

Please complete and sign this form, using additional paper if needed.
Submit to: Mike DelliVeneri, Clarke Hall 214/mdelliveneri@regis.edu/303-458-6457

Name:	
Email and Phone:	
Project title:	
Second contact:	
Second contact email and phone:	
Type of project:	
Shoot date:	
Locations requested:	
Number of cast, crew, extras in each location:	
FX, fire arms/weapons, stunts, or driving/traveling shots:	

Please provide a brief synopsis of your film:

Please give the details of the scenes that you would like to film at Regis:

Please list any additional equipment, staffing, or supplies that you will need:

I have read and understand these guidelines and agree to the requirements set forth in this document. I understand that any substantive change in the above information will require resubmission of this application.

Producer

Date

FOR OFFICE USE ONLY

Approved

Denied

Signature:

Date:

Regis University Film, Video and Television Permit
Office Use Only

Regis Student Shoot:

Course:

Faculty:

Faculty Contact Information:

Required University personnel:

- 1) _____
- 2) _____
- 3) _____
- 4) _____

Application for the Regis University Film, Video and Television Permit received by
University Brand Marketing:

University Brand Marketing

Date

Regis University Film, Video and Television Permit Approved:

University Brand Marketing

Date