



FILM & BROADCAST PRODUCTION REQUEST

Name: _____

Organization: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone(s): _____ (M) _____

Location Request: _____

Purpose of Shoot: _____

Production Shoot Schedule: (Dates subject to availability & approval)

	Monday Date:	Tuesday Date:	Wednesday Date:	Thursday Date:	Friday Date:
9 a.m. to noon					
1 p.m.- 5 p.m.					
After hours					

** Churches are unavailable to accommodate shoots on weekends.*

Print Name: _____ Date: _____

Signature: _____ Title: _____

*** The Archdiocese of Miami & its locations are not responsible for any accident, incidents or thefts that may occur during production.*

**** All location shoots require a donation to be made in the name of the facility they are utilizing. Donation amount is to be determined by the facility/ location.*

Fax completed Form to the Communications Department (305) 751-6227.

Office Use Only:	
<input type="checkbox"/> Accepted <input type="checkbox"/> Denied	Signature: _____ Date: _____