



Schedule "C"

FILM LOCATION REQUEST FORM

LICENSE AGREEMENT NOTICE DETAILS

Parent Company Name: _____ Incorporation #: _____
Company Name: _____
Address: _____ Postal/Zip Code: _____
City: _____
Province/State: _____

CONTACT INFORMATION

Project Title: _____
Primary Contact:
Telephone Number(s): _____
Email Address: _____
Secondary Contact:
Telephone Number(s): _____
Email Address: _____

REQUESTED SITE (Site list available online)

Location: _____
Preparation/Shoot Dates & Times
Setup Date: _____ Time: _____
Film Shoot Date: _____ Time: _____
Wrap Date: _____ Time: _____

FILM SHOOT DETAILS

Number of cast and crew on site at any given time: _____

Number of vehicles/trailers on site at any given time: _____
Parking Duration: _____

Please indicate whether animals/insects will be used during the film shoot: YES / NO

Special Requirements: _____
Type and number of animals/insects: _____

Special Effects that will be used on site at any given time: _____
Description of Special Effects: _____
Duration: _____

Additional requests and/or requirements: _____

Please describe the scene(s) that will be shot on site and/or provide a scene description when submitting the Schedule C, be as descriptive as possible:

The requestor acknowledges receipt of the Licensor's License Agreement and further acknowledges having an opportunity to review the same prior to the submission of this Request Form. The requestor further agrees to execute the Licensor's License agreement "As Is" and unmodified or amended except for the inclusion of agreement specific terms in Recitals A and B and in Sections 1, 2, 3 and 12.

Date the ____ date of _____ 20__.

Per: _____

Name:

Title:

Authorized Signing Officer

APPENDIX

List of attached supporting documentation

1. _____
2. _____
3. _____
4. _____
5. _____