



PROD. NUMBER	PRODUCTION TITLE	PRODUCER

Description of the subject matter to be shot	
Reason why it was not shot during principal photography	
Date, time, and location of the proposed shoot	
Plan for pick-up shoot (include equipment request information and any budgetary considerations)	

PICK-UP PHOTOGRAPHY CREW			
NAME:	SIGNATURE:	NAME:	SIGNATURE:
DR: _____	_____	1C: _____	_____
PR: _____	_____	2C: _____	_____
DP: _____	_____	KY: _____	_____
PD: _____	_____	BG: _____	_____
1D: _____	_____	GF: _____	_____
2D: _____	_____	BE: _____	_____
SS: _____	_____	SM: _____	_____

FACULTY APPROVALS			
<i>Signatures must be collected in the following sequence</i>			
	NAME:	SIGNATURE:	DATE:
Director's Prep Faculty:	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
Head of Set Operations:	David Wiley	_____	_____
Head of Production:	Tony Ciarlariello	_____	_____
Associate Dean:	Andrew Syder	_____	_____