

Victoria University Filming Inquiry Form

73 Queen's Park Crescent Toronto, Ontario M5S 1K7 vic.spaces@utoronto.ca

CONTACT NAME: COMPANY/ORGANIZATION:				
TITLE/RELATIONSHIP TO FILMING:				
EMAIL ADDRESS:	1	PHONE:	Τ .	T
STREET:	CITY:		ZIP/POSTAL CODE:	COUNTRY:
TYPE OF PROJECT:		PROPOSED USE AND DISTRIBUTION:		
☐ Production Film			☐ Television	
☐ Documentary/Educational Film		☐ Movie Theatre		
☐ Still Photography			☐ Web	
☐ Commercial			☐ Print	
☐ Student Project				
FOR PROFIT □ NOT FOR PROFIT □				
DATES REQUESTED:				
OCCUPANCY TIME (ENTER CAMPUS):		END TIME	(DEPARTING CAMPUS):	
DESIRED CAMPUS LOCATION(S) FOR FILMING:				
PROJECT STORYLINE:				
TARGET AUDIENCE:				
PRODUCTION COMPANY:			CLIENT:	
PRODUCER:				
NUMBER OF CREW:		NUMBER OF TALENT:		
WILL YOU BE SHOOTING SOUND		WHAT EQUIPMENT WILL BE ON SITE:		
☐ Not Applicable				
☐ Yes; Explain				
□ No				
PROPS LIST:		VEHICLE LIST (TYPE and #):		
HOW WILL YOU BE ALTERING DESIRED LOCATION:				
ADDITIONAL INFORMATION:				
ADDITIONAL IN ORIVIATION.				
OFFICE USE ONLY				
DATE RECEIVED: APPROVED DECLINED INITIALS:				

An approved, signed, copy of this document must be kept on hand at all times while on campus and presented upon request. Inability to provide proof of approval will result in immediate termination of shoot, and being escorted off campus.