

CAMPBELLTOWN ARTS CENTRE

FILMING & PHOTOGRAPHY APPLICATION FORM

THIS APPLICATION IS FOR FILMING & PHOTOGRAPHY AT CAMPBELLTOWN ARTS CENTRE,
BOTH IN INDOOR AND OUTDOOR AREAS.

If the information in this application is inaccurate, it may lead to the cancellation of an approval at any time.
The following document is an application and does not constitute a filming permit or location contract.

APPLICANT DETAILS

Title	Given Name/s	Surname
<input type="text"/>	<input type="text"/>	<input type="text"/>
Company/Organisation Name		Company ABN
<input type="text"/>		<input type="text"/>
Mobile Number	Email	
<input type="text"/>	<input type="text"/>	

COMPANY ADDRESS

Street No.	Street Name/PO Box		
<input type="text"/>	<input type="text"/>		
Suburb	State	Postcode	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

PRODUCER CONTACT DETAILS (IF APPLICABLE)

Title	Given Name/s	Surname
<input type="text"/>	<input type="text"/>	<input type="text"/>
Mobile Number	Email	
<input type="text"/>	<input type="text"/>	

PRODUCTION/PUBLICATION DETAILS

Name of Publication
<input type="text"/>

Production/Publication Summary/Synopsis/Script (please provide as an attachment if required)

Type of Publication/Production

<input type="checkbox"/> Feature	<input type="checkbox"/> TV Drama	<input type="checkbox"/> Documentary	<input type="checkbox"/> TV Commercial
<input type="checkbox"/> Corporate Video	<input type="checkbox"/> Short Film	<input type="checkbox"/> Music Video	<input type="checkbox"/> Student Film
<input type="checkbox"/> Children's Production	<input type="checkbox"/> Infotainment/Travel Show	<input type="checkbox"/> Reality TV	<input type="checkbox"/> Stills/Photography
<input type="checkbox"/> Magazine	<input type="checkbox"/> Newspaper	<input type="checkbox"/> Other (please specify):	<input type="text"/>

FILM/PHOTOGRAPHY SHOOT DETAILS

Proposed Date of Shoot

Proposed Dates of Additional Bump-in/out (if required)

Start Time

End Time

Description of Activities

Number of Personnel and Vehicles

Cast No. <input type="text"/>	Crew No. <input type="text"/>	Extra No. <input type="text"/>	Vehicle No. <input type="text"/>
-------------------------------	-------------------------------	--------------------------------	----------------------------------

LODGING THE APPLICATION

Lodge your completed application form and any supporting documents via email or in person.

Email

Ella Beer, Media & Communications Officer
ella.beer@campbelltown.nsw.gov.au

In Person

1 Art Gallery Road, Campbelltown
NSW 2570