RICE UNIVERSITY ON-CAMPUS PHOTO SHOOT & FILMING REQUEST

Complete and submit a minimum of five (5) working days prior to required decision date.

Office of University Relation, (713) 348-6781, FAX: (713) 348-6751

Contact:	 					
	Name 		I			
	Day Phone	Evening Phone	FAX Number			
	Mailing Address		ZIP			
Name of Client:						
Nature of Shoot:	Please check appropriate boxes and provide complete, written details of intended usage:					
	[] Interior [] Exterior	[] Still Photos [] Film [] Video	[] Commercial [] Feature Film/Documentary [] Print Advertising (List Publications [] Broadcast Advertising (List Station) [] News (Name Program and Network) [] Charitable/Not for Profit [] Individual/Bridal			
Details: 						
Requested Date(s):	Time	: to			
Requested Site(s)	Please be very sp	ecific. Refer to locations by bu	uilding names and numbers on attached map.			

Please provide <u>Names</u> and <u>Titles</u> of all people who will come onto the campus for shoot.							
							
							
Vehicles: List and	describe all vehicles to be brou-	ght onto campus. Asterisk (*) those needed at	he sh	oot site(s).			
							
							
Location Fees: Location fees for photographic use of Rice Campus							
	Film/Video	Full Day (6.12 hours)	¢2 000				
	FIIM/VIGEO	Full Day (6-12 hours) 1/2-Day (1-6 hours)		\$2,000 \$1,000			
		172 Day (1 0 110a13)	Ψι	,000			
	Still Photos Full Da	ay (6-12 hours)	\$	500			
		1/2-Day (1-6 hours)	\$	250			
NOTE: Additional charges may be required for shooting outside normal staff ho							
		al power, security, or site preparation requi					
		University Internal Use Only		 			
Initial Inquiry: Date:_ Forms Sent: Date:_	Time: Time:	a.m. / p.m. []Fax []Mail []Pick-Up					
Tomis dent. Date	11110	[]i ax []iviali []i ick op					
Documentation:	Insurance Certificate Conditions for Use						
	2. Conditions for Use Date:3. Photo Shoot Request Date:						
	4. Script/Copy	Date:					
Routing:	[]PRES []F&E []F	RUPD []Other:					
Approval:	[]Granted []Deni	ed Date:					