

FILM PRODUCTION FORMS

START DATE: _____

END DATE: _____

Your Project Name: _____

TIMES:

CREW CALL : _____ MEAL 2/BREAK IN : _____

SHOOT CALL : _____ MEAL 2/BREAK OUT : _____

FIRST SHOT : _____ CAMERA WRAP : _____

MEAL 1 IN : _____ CREW WRAP : _____

MEAL 1 OUT : _____ LAST MAN : _____

LOCATIONS

-
-
-
-
-
-

LEAD PRODUCTION CREW

Executive Producer: _____

Producer: _____

Director: _____

Production Manager: _____

Production Coordinator: _____

1st Assistant Director: _____

MEDIA USAGE:

OF CARDS USED : _____

PREVIOUSLY SHOT (GB) : _____

SHOT TODAY (GB) : _____

TOTAL TO DATE (GB) : _____

CARD NUMBER	FOOTAGE DESCRIPTION	AUDIO NOTES

EQUIPMENT/TECH NOTES: _____