



Studio 500 Application

PRIMARY USER NAME

CLASS

PROJECT

PHONE

PRODUCTION DATES

KNIGHTS EMAIL

BEGIN

END

Month:

Month:

COPRODUCER (If Applicable)

Day:

Day:

PROJECTED SCHEDULE (LIMITED TO SCHEDULED SHOOT DATES)

PLEASE MARK WHICH ACTIVITIES TAKE PLACE ON WHAT DAY AND AT WHAT TIME. IF TWO ACTIVITIES APPLY TO ONE DAY (I.E. SETUP AND PRODUCTION), CHECK BOTH ACTIVITIES AND NOTE THE START AND END OF THE FIRST AND THE START AND END OF THE SECOND.

Month:

Month:

Month:

Day:

Day:

Day:

Time Begin:

Time Begin:

Time Begin:

Time End:

Time End:

Time End:

Use:

Use:

Use:

Month:

Month:

Month:

Day:

Day:

Day:

Time Begin:

Time Begin:

Time Begin:

Time End:

Time End:

Time End:

Use:

Use:

Use:

CREW INFORMATION

TOAL NUMBER OF
PEOPLE TO HELP **SETUP** _____

TOAL NUMBER OF PEOPLE
TO HELP **BREAK DOWN** _____

PLEASE PROVIDE NAMES AND ROLES OF CREW MEMBERS AND/OR ATTACH A CREW LIST TO THIS FORM.
(IF ATTACHING CREW LIST PLEASE DENOTE BELOW)

PRODUCTION OVERVIEW

PLEASE PROVIDE A BRIEF DESCRIPTION OF ALL ACTIVITIES, SET DESIGN, AND BUILDING PLANS INVOLVED IN YOUR PRODUCTION:
(PLEASE BE SPECIFIC AND INCLUDE ANY EXTRAORDINARY CIRCUMSTANCES; E.I. STUNTS, MOCK FIREARMS, CARS, CHILDREN, ANIMALS, PYROTECHNICS, ETC.)

PLEASE ALSO ATTACH OVERHEAD SCHEMATICS AND/OR BLUEPRINTS TO THIS FORM.

ITEM COUNT:

FLATS _____ JACKS _____ PAINT _____
OTHER _____

I HAVE ATTENDED THE SOUNDSTAGE INSTRUCTIONAL WORKSHOP
(REQUIRED FOR USE OF LIGHTING, GRIP AND ELECTRIC)

I HAVE ATTENDED THE STAGECRAFT INSTRUCTIONAL WORKSHOP
(REQUIRED FOR SET CONSTRUCTION)

You may submit this form electronically by downloading
the PDF, filling it out and attaching it to an email from
your Knights mail account.

FOR INTERNAL USE ONLY

RECEIVED:

DATE: ____ / ____ / ____

TIME: ____ : ____ PM AM

APPOINTMENT TO MEET WITH OPERATIONS MANAGER (if applicable):

DATE: ____ / ____ / ____

TIME: ____ : ____ PM AM

AUTHORIZATION BY OPERATIONS MANAGER: