Auburn Community Television
P.O. Box 818. Auburn., CA 95604 (530) 887-8778 staff@actv20.org

PRODUCTION PROPOSAL

This form must be filled out completely before a production may move forward

PRODUCTION TITLE: _____

PRODUCER: _____ PH#: _____

DIRECTOR: _____ PH#: _____

BRIEFLY DESCRIBE YOUR PRODUCTION: (one sentence or less)

_____

Quickly sketch your set idea (please list props):

APPROXIMATE LENGTH OF PROGRAM: _____ : _____ : _____
hours minutes seconds

PROGRAM IS: ____ One-time Production ____ Part of a Series

TYPE OF PRODUCTION: ____ Live ____ Taped

LOCATION OF PRODUCTION: ____ Studio ____ Field / Remote Location

NUMBER OF CAMERA PEOPLE REQUIRED: _____

EQUIPMENT NEEDED: _____

_____

_____