

License of Facilities Filming Application

All filming and photo shoots require at least **10 working days' notice**.

Agreements scheduled without such notice will be charged a fee of \$100.00 for late notice. Proof of insurance and liability **must be** provided and approved prior to event. Without proper insurance the license is not confirmed and can be cancelled at the discretion of the University. All filming and photo shoots requires the presence of a University Police Officer for the duration of the shoot.

Completed forms can be emailed [here](#).

Please check which mostly describes your organization:

Campus Department/Auxiliary
Off Campus Government Org.
Off Campus For Profit
Off Campus Non-Profit (Current 501(c)(3) must be provided)
Other

Event Co-Sponsor: _____

Contact Information

**Required for Student Clubs and Organizations

| | |
|--------------------------|--|
| Applicant Organization | |
| Address | |
| City ST ZIP Code | |
| Contact Phone | |
| E-Mail Address | |
| Advisor ** | |
| Advisor Ext./Email** | |

Filming | Photo Shoot Information:

During which date(s), time(s), and location(s) would you like to have the event?

| | | | |
|--|--------------------|-----------------|-----------|
| Filming date(s): | | | |
| Filming location(s): | | | |
| Start time: | Set-up time: | Tear down time: | End time: |
| Estimated crew: | Number of cameras: | Number of RVs: | Under 18: |
| Detailed description of the Filming Photo Shoot: _____ | | | |
| _____ | | | |
| _____ | | | |
| _____ | | | |

**** Please attach storyboards with the application in PDF format.**

The Proposed Film | Photo Shoot is:

still photography
motion picture
multiple locations

television commercial
television show
more than one day

providing food; if yes, please email: ehs@cpp.edu,
and provide this **form**.

will require special set-up or equipment:

Representative's Signature

This is an application only and is not the license agreement. The date(s) you requested cannot be held until this application is signed and returned with a check deposit in the amount of \$500.00 made payable to Cal Poly Pomona.

| | |
|----------------|--|
| Name (printed) | |
| Signature | |
| Date | |

Thank you for completing this application form and for your interest in Cal Poly Pomona!