



COMMERCIAL FILMING, PHOTOGRAPHY & CONTENT CREATION REQUEST FORM

APPLICANT INFORMATION	
Organization:	
Applicant Name:	
Title:	
Date of Application:	
Business Address:	
Telephone:	
Email:	
Website:	
Social Media Platforms and handles:	
PROJECT/EVENT INFORMATION	
Title of Project/ Event:	
Purpose of Project:	☐ News Story ☐ Documentary ☐ Educational ☐ Podcast ☐ Evangelization ☐ Commercial Advertising ☐ Influencer Content ☐ Social Media Content ☐ Film Production ☐ Other: _____
Project/ Event Description:	
Will the content be monetized?	☐ Yes. If yes, please explain: _____ ☐ No.
Requested Location:	☐ Church ☐ School ☐ Other Archdiocesan Property
Specific Location:	
Location Contact:	

If you need additional space to complete this section of this application, please attach separate pages. Each attachment should include the applicant's name and clearly identify the section and question to which it relates.



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PROPOSED SCHEDULE	
Requested Date(s):	
Arrival Time:	
Completion Time:	
No. of Participants:	

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PERSONNEL (provide names of all applicable)	
Director:	
Producer:	
Photographer(s):	
Videographer(s):	
Drone Operator:	
Social Media Team:	
Other Personnel:	

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EQUIPMENT

Select all equipment that will be used:	☐ Cameras ☐ Lighting ☐ Audio Equipment ☐ Drone ☐ Phone ☐ Generator ☐ Props ☐ Vehicle ☐ Other: _____
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DISTRIBUTION

Where will this content appear? (Check all that apply)	☐ Television ☐ YouTube ☐ Instagram ☐ Facebook ☐ TikTok ☐ Website ☐ Commercial Advertising ☐ Podcast ☐ Streaming Service ☐ Other: _____
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MINORS

Will minors appear?	☐ Yes ☐ No ☐ If yes, please provide copies of all applicable consent forms and describe how minors will be involved:
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INSURANCE

Applicants shall provide:	☐ Certificate of Insurance (<i>refer to Sample Certificate of Insurance for guidance</i>) ☐ Additional Insured Endorsement ☐ Workers' Compensation (if applicable) ☐ Other required documentation
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CERTIFICATION

I, _____, certify that all information provided is accurate. I agree to comply with all Archdiocesan policies, Safe Environment requirements, and instructions of Archdiocesan personnel.

Signature: _____

Date: _____

ARCHDIOCESE USE ONLY

☐ Approved

☐ Approved with Conditions

☐ Denied

By: _____

Conditions: _____

ADD

Date _____