

# SHELDON MEMORIAL ART GALLERY

## REQUEST FOR FILMING AND PHOTOGRAPHY

PLEASE COMPLETE THE FOLLOWING:

COMPLETED REQUESTS SHOULD BE MAILED TO:  
SHELDON ART GALLERY, attn IMAGE RESOURCES, 12<sup>TH</sup> AND R STS., LINCOLN, NE 68588-0300

Requestor Name: \_\_\_\_\_

Requestor Contact Info:

Company: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Purpose of Photography or Filming: \_\_\_\_\_

\_\_\_\_\_

If a publication will result, estimated print run and method of distribution: \_\_\_\_\_

\_\_\_\_\_

If a commercial video will result, estimated date and means of distribution or public showing: \_\_\_\_\_

\_\_\_\_\_

Specifics of Shoot:

Sheldon Location requested: \_\_\_\_\_

Preferred date and time, estimated duration: \_\_\_\_\_

\_\_\_\_\_

Number of People Participating and their roles: \_\_\_\_\_

\_\_\_\_\_

Equipment (including lighting): \_\_\_\_\_

\_\_\_\_\_

Other comments: \_\_\_\_\_

\_\_\_\_\_

I acknowledge receipt of SMAG Guidelines for Filming and Photographing Works of Art and agree to comply with all written and verbal instructions from SMAG staff. I furthermore confirm that to the best of my knowledge, the information supplied above regarding the project's scope and equipment to be used for the project will be as stated.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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FOR OFFICE USE ONLY

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

Comments (including estimated costs):