



APPLICATION FOR FILM/PHOTOGRAPHY PERMIT
SANTA CRUZ BEACH BOARDWALK

Today's Date: _____

Contact Name: _____ Title: _____

Company: _____

Phone Number: _____ Email: _____

TYPE OF PROJECT

(Please check project type and provide additional details)

TV, Film, or Video:

Major Motion Picture

Name of Production Company: _____

Director: _____

Working Title: _____

TV Program

Name of TV Program: _____ Network: _____

Music Video

Name of Musician/Band: _____

TV Commercial

Name of Client or Product: _____

Student Project

Name of School and Program: _____

Other

Please describe: _____

Professional Photography:

Advertising

Name of Client or Product: _____

Student Project

Name of School and Program: _____

Other

Please describe: _____

Do you have location insurance? Yes No Don't Know

Date/s you would like to shoot: _____

Approximate # of hours requested: _____

Estimated crew size: _____

General overview of equipment:

General description of your project:

Specific Boardwalk rides, games, or facilities requested:

Additional requests (catering, staging area, changing rooms, oversize vehicle parking, etc.):

Additional comments including any deadlines:

PLEASE EMAIL OR FAX COMPLETED APPLICATION:

Attn: Brigid Fuller, Communications Manager

Santa Cruz Beach Boardwalk

Email: publicity@beachboardwalk.com

Fax: 831-460-3336

Phone: 831-460-3349