

Event-Performance Filming Request Form

To request permission to film your event, please complete this form and e-mail it to **Torie Daves: daves@usc.edu**



Contact	Name _____ Cell phone _____ Email _____ USC Department/Organization sponsoring the event: _____
Event details	Event name _____ Event date _____ Times _____ Location _____
Brief event description	_____ _____ _____ _____
Purpose for filming event	<input type="checkbox"/> Personal or organization's archival purposes <input type="checkbox"/> For use on websites and/or social media platforms/websites _____ _____ <input type="checkbox"/> Live stream to site _____ <input type="checkbox"/> Documentary <input type="checkbox"/> Promotional purposes <input type="checkbox"/> As part of a film, TV show, Commercial, or other commercial use <input type="checkbox"/> Other _____
Who will be filming the event	<input type="checkbox"/> Hired videographer: Name _____ <input type="checkbox"/> USC Trojan Vision <input type="checkbox"/> USC student: Name _____ <input type="checkbox"/> USC staff/faculty: Name _____ <input type="checkbox"/> Parent/family member: Name _____ <input type="checkbox"/> Media group: Name _____ <input type="checkbox"/> Other _____