**York Stage at Cinespace Booking Agreement**

York University’s Motion Media Studio at Cinespace Film Studios are available for faculty and students engaged in course work or for research at the School of Arts, Media, Performance and Design.

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| --- | --- | --- |
| Name of project: |  | |
| Person of Responsibility: |  | |
| Contact details: | Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Student ID (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Please circle as appropriate: | Faculty Grad Student Undergrad External | |
| York University Department  (External client – business name and address): |  | |
| Course of study:  Faculty Supervisor (if applicable): |  | |
| Is this a research project?  Please circle as appropriate:  YES NO | Principal investigator:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Research Project Name :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| **Space** | **Date/s** | **Times** |
| Stage 1 | |  |  |  | | --- | --- | --- | | **yy/mm/dd** | to | **yy/mm/dd** | |  | to |  | |  | to |  | |  | to |  | |  | to |  | | |  |  | | --- | --- | | From | To | |  |  | |  |  | |  |  | |  |  | |
| **Space** | **Date/s** | **Times** |
| Stage 2 | |  |  |  | | --- | --- | --- | | **yy/mm/dd** | to | **yy/mm/dd** | |  | to |  | |  | to |  | |  | to |  | | |  |  | | --- | --- | | From | To | |  |  | |  |  | |  |  | |
| **Space** | **Date/s** | **Times** |
| Studio A (office space) | |  |  |  | | --- | --- | --- | | **yy/mm/dd** | to | **yy/mm/dd** | |  | to |  | |  | to |  | |  | to |  | |  | to |  | | |  |  | | --- | --- | | From | To | |  |  | |  |  | |  |  | |  |  | |
| **Space** | **Date/s** | **Times** |
| Studio B (office space) | |  |  |  | | --- | --- | --- | | **yy/mm/dd** | to | **yy/mm/dd** | |  | to |  | |  | to |  | |  | to |  | |  | to |  | | |  |  | | --- | --- | | From | To | |  |  | |  |  | |  |  | |  |  | |

**Special & Physical Effects**

Does the project include special effects, eg, smoke/fog machines, breaking glass, open flame, etc.

(Please circle) YES NO

If YES, please provide details/nature:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If isolation or shut down of the building fire alarm detection devices is required, fees may be incurred by the user for fire isolation and fire watch personnel. Use of special & physical effects must be approved by Cinespace Management and York University officials as applicable.

**Waste Disposal**

Cinespace does not provide recycling and garbage removal. Users are responsible to remove any leftover building materials, paints, created sets and/ or food refuse/containers upon completion of use.

**Is a carpentry metal waste bin required? YES NO. (Users may be required to pay for this service).**

**If yes, please indicate cubic size: e.g 40, 50 etc:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| **Key Collection if not Person of Responsibility** | |
| Name of Cinespace key collector: |  |
| Please circle as appropriate: | Faculty Grad Student Undergrad External |
| Contact details: | Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Student ID (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Key Issue Agreement**

I agree not to lend, duplicate or leave unattended, any university key issued to me by the School of Arts, Media, Performance and Design. I will return all university keys in my possession upon completion of booking. I will report without reasonable delay any loss or theft of university keys to York University Security Services and Manager, Studio Operations Department of Cinema and Media Arts and Manager, Facilities, Health and Safety. A $20 charge may be charged to me to replace lost or stolen keys/electronic access cards. Failure to comply may result in revocation of key privileges or other action as deemed necessary.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date key issued: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
| Authorization: |  | | |
| Position: |  | | |
| Signature: |  | | |
| Date key returned: |  | Key issuer’s initial: |  |

Requestor has been provided a copy of the Cinespace Motion Media Studio User Guide? YES NO