LOCATION CHECK SHEET

SHOW:_____ PRODUCTION#:_____

(SCRIPT) LOCATION:_____

LOCATION MANAGER:_____

LOCATION ADDRESS:_____

LOCATION CONTACT NAME:_____(T#)_____

SECURITY CONTACT NAME:_____(T#)_____

DAYS/NIGHTS REQUIRED:_____ DATE(s):_____

☐ INT.   ☐ EXT.

☐ DAY.

☐ NIGHT.

SECURITY ENTRY CODE	LOCATION PARKING SPOTS	CLOSEST ADD. PARKING
MAX. WATTAGE	**BREAKER LOCATIONS**	**FREIGHT ELEVATOR**
ADDITIONAL ROOMS	**CLOSEST EMERGENCY MEDICAL**	**TRAFFIC COND.**
Hair & Makeup: Dressing: Classrooms: Equipment: Meals: Rehearsal:		