



# PHOTOGRAPHY, FILM AND VIDEO REQUEST FORM

*Please complete this form to make a request to take photos, film or videotape at Naper Settlement. Leave areas blank that are unknown at this time. Return the completed form to the Marketing Department for review and final approval.*

**A History Museum**  
 523 South Webster Street  
 Naperville, IL 60540-6517  
 630.420.6010  
 Fax 630.305.5255 • 630.305.4044  
 www.napersettlement.museum

## PLANNING DETAILS

<b>*Name of requestor:</b>	<b>Date Requested:</b>
<b>*Contact person (if different):</b>	<b>*How did you learn about Naper Settlement?</b>
<b>*Organization/Production Company:</b>	
<b>*Address:</b>	<b>Fax:</b>
	<b>E-Mail:</b>
<b>*Phone number:</b>	
<b>*Alternate phone/cell/home:</b>	<b>Other:</b>

## PROGRAM INFORMATION

<b>*Date(s) of shoot:</b>	<b>*Fee:</b> <input type="checkbox"/> \$1,000 <input type="checkbox"/> Other \$ <input type="checkbox"/> Fee waived
<b>*Time(s) of shoot:</b>	<b>Total number of hours on site:</b>
<b>*Description of shoot:</b>	<b>Food to be brought in:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>*Number in production crew:</b>	<b>Caterer:</b>
<b>*Location(s):</b>	<b>Caterer contact info:</b>
<b>Duration of shoot:</b>	<b>Caterer's phone number:</b>
<b>Additional hours needed (if any):</b>	<b>Food provided by crew:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Marketing staff member needed:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure at this time	<b>Special or unusual needs:</b>
<b>Setup needed:</b> <input type="checkbox"/> Yes Describe: <input type="checkbox"/> No	<b>Proof of insurance is required. Submittal status:</b> <input type="checkbox"/> Yes (attached) <input type="checkbox"/> No (will be provided)
<b>Other pertinent information, requests or comments:</b>	

## TO BE COMPLETED BY NAPER SETTLEMENT

<input type="checkbox"/> <b>Approved</b>	<input type="checkbox"/> <b>Denied</b> Reason for rejection:
<input type="checkbox"/> <b>Fee received</b> Amount:   Date:	<input type="checkbox"/> <b>Rescinded by requestor</b>
<input type="checkbox"/> <b>Insurance form received</b> Date:	<input type="checkbox"/> <b>Additional Hours Billed</b>
Date:	
Reviewed by:	
Title:	
Phone:	
E-Mail:	
* Required information	