# Reshoot/ Pick Up Request FORM

All signatures must be obtained at least 48 hours before proposed checkout! (No later than 4:00 pm Friday for a Monday checkout.) Reshoot equipment may not be kept for more than 2 nights /3 days.

**Student Name:**

**Program:**

**Section:**

<table>
<thead>
<tr>
<th>Choose One</th>
<th></th>
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</thead>
<tbody>
<tr>
<td></td>
<td>MFA/AFA/BFA Intermediate Film</td>
<td>MA/1yr Thesis</td>
<td>Advanced Music Video</td>
</tr>
</tbody>
</table>

**Schedule Slot Dates for the project:**

**Logline:**

**Genre:**

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## 1. Bursar’s Department

Name: __________________________ Date: __________ Signature: __________________________

## 2. Registrar’s Department

*Have you met the school’s accuplacer requirements*  
[ ] Yes  [ ] No

Name: __________________________ Date: __________ Signature: __________________________

## 3. Directing Instructor’s Signature

Name: __________________________ Date: __________ Signature: __________________________

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## 4. Producing Greenlight

<table>
<thead>
<tr>
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</thead>
<tbody>
<tr>
<td>a. Shoot Script</td>
<td>b. Script Breakdown</td>
<td>c. Props &amp; Wardrobe Breakdown</td>
</tr>
</tbody>
</table>

## 4. Cast

<table>
<thead>
<tr>
<th>a. Cast list with Contacts</th>
<th>b. Actor Release Forms</th>
<th>c. Nudity Release Forms</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>[ ] Yes  [ ] No  [ ] N/A</td>
</tr>
</tbody>
</table>

## 5. SAG

*Email Confirmation*

<table>
<thead>
<tr>
<th>a. SAG Contract with Actors</th>
<th>b. Workers Compensation Insurance</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ] Yes  [ ] No</td>
<td></td>
</tr>
</tbody>
</table>

## 6. Minors

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
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</thead>
<tbody>
<tr>
<td>[ ] Yes  [ ] No</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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7. Schedule
- a. Shoot Schedule (Strip Board)
- b. Shot List - per day and time duration for each shot
- c. Call Sheet Templates for each day

8. Only for Action Sequences or Special Circumstances
Using stunts in your Film requires special approval. You will need to follow several additional steps in order to be clearer to begin production. This section is to be filled out and completed before your Producing instructors signs your greenlight form. (Includes open flame, bodies of water, sports, underwater activity, driving, and other special circumstances):

   a. Stunt Description

   b. Storyboard: Please present all script pages, storyboards, shot lists, and proof of outside production insurance with worker’s compensation for the action sequence before submitting this form

   c. Name of Actors Performing Stunts

   d. Number of Fight Scenes

   e. Rehearsal Hours

   f. Fight Choreography □ Yes □ No

   g. Prop Weapons □ Yes □ No

   h. Fall □ Yes □ No □ How High:_______

   i. Jump □ Yes □ No □ How High:_______

   j. Props and Stunts Mentioned on the Permit □ Yes □ No

   k. Stunt Coordinator Name

   l. Stunt Coordinator Deal Memo
   m. Resume
   n. Workers Compensation Insurance
   o. Outside Production Insurance

Please note that the stunt coordinator cannot be an instructor of the New York Film Academy. Your action sequence will not be cleared without securing an outside stunt coordinator and providing outside insurance with worker’s compensation that will cover these shoot days.

Name: ______________________  Date: __________  Signature: ______________________

*Needs to be signed by the CEO, Director, or Director of Operations of the School

4. Producing Instructor’s Signature  *Instructor has verified Sections #1-8

Name: ______________________  Date: __________  Signature: ______________________
Camera
Choose One
☐ Canon 5D  ☐ RED Scarlet  ☐ RED Epic Dragon*  ☐ 16mm  ☐ 35mm

*Only Available for MFA/BFA/AFA Thesis Checkouts

5. Only for Epic Dragon / 16mm / 35mm

<table>
<thead>
<tr>
<th>Returning Camera Nightly</th>
<th>Yes (Please Fill out table on next page with times)</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>If No, Insurance for Gear</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Insurance Company Information

Name & Phone Number

Policy #

Name: __________________________ Date: ____________ Signature: __________________________

*Needs to be signed by the CEO, Director, or Director of Operations of the School

Please attach Insurance Certificate to your Greenlight Form

6. Equipment Greenlight

Time: 5:00pm latest on a weekday

Check Out Date: __________________________ Time: ________

Check In Date: __________________________ Time: ________

Name: __________________________ Date: ____________ Signature: __________________________

*Needs to be signed by the Equipment Manager

7. Film Department Coordinator

*Scan your entire producing and directing binder, including all permits, location agreements, and insurance certificates, into a single PDF file and email it as an attachment to nan.siribunlue@nyfa.edu from your NYFA email address 2 business days before checkout. Greenlight signatures are by email appointment only after all materials are sent in and approved.

Name: __________________________ Date: ____________ Signature: __________________________

All documents have been verified and Student is cleared to Check Out

*Scan the completed Greenlight Form and email it to nan.siribunlue@nyfa.edu & laequipment@nyfa.edu from your NYFA email address