SEMESTER ONE / NON SYNC - GREENLIGHT FORM

Student Name: 

Program: ______________________________________________________________________ Section: __________

Dates for the project: ______________________________________________________________________

Logline: __________________________________________________________________________ Genre: __________

____________________________________________________________________________________

Screenwriting Instructor’s Signature

*Shoot script is locked and numbered and properly formatted.
* Students can get this signature as soon as they have locked their script.

Name: __________________________ Date: __________ Signature: __________________________

Directing Instructor’s Signature

a. Script ☐
   b. Shot List ☐
   c. Overheads ☐
   d. Cast List ☐

No Stunts, Prop weapons or Minors ☐

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<th>Dates</th>
<th>Location Address with Contact Number</th>
<th>Location Agreement Y/N</th>
<th>Location Permit Y/N</th>
<th>Location Insurance Y/N</th>
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Name: __________________________ Date: __________ Signature: __________________________