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| [Production Co./Project Title] name and contact # of point-person for questions: | | | | **[Date]**  **[Location name and address]** | | |
| **Directions/Parking Instructions:** | | | | | | |
| **Sunrise:** AM  **Sunset:** PM | | **Name and Address of Nearest Hospital:** | | | | |
| **Brief Description of Shooting to Take Place:** | | | | | | |
| Crew Call Time: See below for any time exceptions. | | | | | Documentary Partcipant Call: See below for any time exceptions. | |
| POSITION | NAME | | TIME | | NAME | TIME |
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| **Schedule:** |  |
| TIME | EVENT |
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| **Special Notes/Instructions:** | |