

REQUEST FOR LOCATION FILM/PHOTOGRAPHY SHOOT
Peabody Museum of Natural History • Yale University
170 Whitney Avenue • P.O. Box 208118 • New Haven, CT 06520-8118 USA
Fax (203) 432-9816 • www.peabody.yale.edu

CONTACT INFORMATION

Date _____

Company _____

Project title _____

Contact person _____

Address _____

Phone _____ Fax _____

E-mail _____

The Peabody Museum of Natural History at Yale University (YPM) requires three (3) weeks advance notice to process requests for location film and photography shoots on Yale University property. A script of the project to be filmed must be submitted with this form. YPM reserves the right to refuse projects it deems inappropriate to the Yale Peabody Museum's educational and research mission.

All fees are payable in advance, but no later than the date of the shoot. YPM accepts Mastercard, VISA, and checks in U.S. dollars drawn on a U.S. bank payable to Yale University.

Permission to film or photograph at the Yale Peabody Museum (YPM) is granted only for the use indicated herein. Any other use requires the express written consent of the Peabody Museum of Natural History, Yale University.

A credit line acknowledging YPM must be included in every use of this material. One copy of the final program or product must be provided to the Yale Peabody Museum.

NOTE: A Certificate of Insurance naming Yale University as additional insured for the days of filming, with coverage limits of \$2 million, must be presented when filming arrangements are finalized. This policy must state that the policy is primary with respect to any other insurance the University may have.

PROJECT DESCRIPTION: *(attach script, outline or proposal)*

Location(s) requested _____

Proposed date(s) for shoot _____ Alternate date(s) _____

Time(s) of day _____

Estimated length of time needed _____

Describe the specific nature of electrical equipment you will be bringing and what will be required for the shoot (to determine the Peabody's electrical and personnel needs) :

Number of crew members and who they represent _____

Person in charge at the shoot _____

Title of program _____

Print Television Cable Film DVD

Video CD-ROM Web Other _____

Producer(s) _____

Channel/Network _____

Scheduled airing date(s) _____

Scheduled airing time(s) _____

Total length of program _____

Amount of time YPM material will appear _____

FOR MUSEUM USE ONLY

Director, Collections & Operations Director, Public Programs

Operations Coordinator Other _____

Collections Manager Division of _____

Collections Manager Division of _____

Approved By _____ Date _____

Approved By _____ Date _____

Approved By _____ Date _____

REV10/13