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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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|  |  |
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| **Special Notes/Instructions:**  |