

Name of group or individual requesting permission: \_\_\_\_\_

Type of event: \_\_\_\_\_

Date of event (incl start/finish time): \_\_\_\_\_

Scale of event (if applicable): \_\_\_\_\_

Brief description incl details of numbers of people involved eg. crew: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Details of location requested: \_\_\_\_\_

Details of any specific ACTION requests: \_\_\_\_\_

Details of any special requirements (eg. vehicular access to ACTION premises): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Proposed benefits of shoot to ACTION (please provide details):

Media exposure: \_\_\_\_\_

Online exposure: \_\_\_\_\_

Signage: \_\_\_\_\_

Other: \_\_\_\_\_

**Contact Information**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Postal address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_