



CREW CALL TIME :

PROJECT TITLE
CALL SHEET

IMPORTANT PHONE NUMBERS
Department Chair: Michael Seminero, 868-3971
Dept. Staff: Paul Jefferys, 868-3972

Faculty Approval: _____

Director:	Emergency Cell:	Date: / /
Producer:		Day: out of
1st AD (when applicable):	Location(s):	Sunrise/Sunset: AM/ PM
UPM (when applicable):		Weather: Hi: ° Lo: °
Production Office: 3106 PGA BLVD. Palm Beach Gardens, FL 33410 561-207-5045		Project for Course: Supervising Professor:

MOTION PICTURES & TELEVISION PRODUCTION TECHNOLOGY PROGRAM

Day/ Night	Interior/ Exterior	SET (name of location in script)	DESCRIPTION (of action to be covered, brief)	SCENES (#s)	SHOOT TIME (time of day when shooting will begin)	LOCATION (real world address of the set location)

CAST # (from stripboard)	CAST (name of actor)	CHARACTER (name of character)	MAKEUP (time to be on set)	SHOOTING CALL (time to be ready to shoot)	PICKUP/REPORT TO (location name)

PRODUCTION	NAME	PHONE	REPORT (time)	SOUND	NAME	PHONE	REPORT (time)
Director				Field Mixer			
Producer				Boom Op.			
UPM				ART	NAME	PHONE	REPORT (time)
1 st AD				Art Dir.			
Script Supervisor							
CAMERA	NAME	PHONE	REPORT (time)	ELECTRIC	NAME	PHONE	REPORT (time)
Dir. Photography				Gaffer			
Camera Operator				Best Boy Electric			
1 st Asst. Camera				3 rd Electric			
2 nd Asst. Camera				ADDITIONAL	NAME	PHONE	REPORT (time)
GRIP	NAME	PHONE	REPORT (time)				
Key Grip							
Best Boy Grip							
Grip							

UPM (or Producer) Signature _____

1st A.D. (or Director) Signature _____