



Commercial Film / Photography Application

South Carolina State Museum

Date of request: _____

Contact: _____

Affiliation: _____

Address: _____

Telephone: _____

Email: _____

Project Name: _____

Type of Production (Please indicate: Film, television, commercial, video, corporate production, etc)

Requested date(s) and times: _____

Size of crew: _____

Technical requirements: _____

Proposed locations and/or collections: _____

Anticipated hours for filming/production (specify times): _____

Detailed description of project and schedule: _____

Proposed uses of this project: _____

Submitted by: _____

Date: _____