

Van Buren School District
Media Production Request Ticket

Van Buren Tech Department
PH 479 471-3113 Ext 224
Fax 479 471 3168

Video Shoot

Name: _____

Location: _____

Date: _____

Time of Day: _____

Length (In Hours): _____

Contact Person: _____

Check All That Apply

Type of Video Shot:

- Outdoors Indoors Both

Style of Presentation:

- 1 Stationary Speaker Multiple Speakers Stationary 1 Mobile Speaker
 Multiple Speakers Mobile Other: _____

Audio Quality:

- Lapel Microphone on Speaker(s) Omni Microphone on Camera P.A System

Camera Management

- By Presenter(s)/Speaker(s) By Other By District Employees

Style of Shooting

- Stationary Position Follow Speaker(s) Both W/ Close-ups

Editing

Style

- Basic: 1:1 Conversation to Other Media Forms Medium: Removal of "Bad" areas, W/ Titles and Some Graphics
 Advanced: Multiple Effects, Titles, Graphics, Menus, Power Points
 Special Requests/or Needs: _____

Media Format

- DVD VHS Tape Raw Footage on Disc/Tape 8mm VCD
 Web Format: _____