Ontario Veterinary College – University of Guelph
Request for Video Services

Activity/Course Name:

Requested by:   Name
                Department

Description of the video project:

Project Goals/Objectives:

Dates/times/locations of work requested:

Resources required:

Planning meeting:   ____ 30 minutes   ____ 60 minutes

Length of videotaping:   _____ hours (Travel to location, set up, video, tear down, travel back)

Editing required:   ____ yes   ____ no

Media production (DVD):   ____ yes   ____ no   ____ quantity

Web-enable video:   ____ yes   ____ no

___________________________________________
Sponsor Name

___________________________________________  _______________________
Sponsor Signature         Date

___________________________________________  _______________________
Approved by         Date

Account number for billing  _______________________________________________________

Note:  Videography Services will develop a quote for all projects only after receiving this request form. The quote will be prepared even if the work falls within business hours. The project’s cost must be approved and account number provided before work on the project begins.