

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.