



5 WALE STREET
CAPE TOWN 8001

TELEPHONE: 021 424 7360

FAX: 021 424 9772

EMAIL:
reception@sgcathedral.co.za

APPLICATION FOR A FILM SHOOT IN THE CATHEDRAL OR ON THE CATHEDRAL PRECINCT

Date: _____

Full Name of Film Company (Organisation):
(letterhead, specifying full details of company)

Name of Chief Contact Person:
(business card)

Address: _____ Contact Numbers: _____

Office: _____

Mobile: _____
Email: _____

Full description and Purpose of Photoshoot:
Synopsis of film, (attach extra pages if necessary, email a PDF)/Story Board

Date of Shoot: _____ Day: _____

Time of Shoot: **Start:** _____ **End:** _____

Estimated number of crew in attendance: _____

Specify:

Cathedral spaces required for the photoshoot:

Cathedral Support required:

Payment arrangements:

SIGNATURES

For the Film Company:

For the Cathedral:

Name: _____

Name: _____

Position: _____

Position: _____

Date: _____

Date: _____

FOR OFFICE USE ONLY:

LOCATION CONTRACT
