



Economic Development
Film & Sound Commission

YUKON PRODUCTION REGISTRATION FORM

Working Title: _____

Production Company: _____

Yukon Telephone: _____ Yukon Fax: _____

Yukon E-Mail: _____

Permanent Address: _____

Permanent Telephone: _____ Permanent Fax: _____

Executive Producer: _____

Producer(s): _____

Director: _____

Production Manager: _____ Accountant: _____

Location Manager: _____ Special Effects Coordinator: _____

Locations List: _____

Yukon Shoot Dates: _____

Number of Yukon Crew working on the Production: : _____

Estimated Yukon Spend: _____

Broadcaster/Distributor: _____

Anticipated Air or Release Date: _____

Proposed Activities:

- | | | | | |
|---------------------------------------|-------------------------------------|------------------------------------|----------------------------------------|-----------------------------------------------|
| <input type="checkbox"/> Rain or Snow | <input type="checkbox"/> Fire | <input type="checkbox"/> Explosion | <input type="checkbox"/> Drive up/away | <input type="checkbox"/> Stunts |
| <input type="checkbox"/> Gunfire | <input type="checkbox"/> Helicopter | <input type="checkbox"/> Car Stunt | <input type="checkbox"/> Drive by | <input type="checkbox"/> Animals |
| | | <input type="checkbox"/> Two Shots | <input type="checkbox"/> Wet downs | <input type="checkbox"/> Exterior Set Constr. |

Please check the appropriate boxes for proposed activities.

PRODUCER

DATE

PLEASE SEND COMPLETED FORM TO:

MAIL:
YUKON FILM & SOUND COMMISSION
BOX 2703 (F-3)
WHITEHORSE, YUKON
Canada Y1A 2C6

EMAIL:
info@reelyukon.com

FAX:
+1-867-393-7040

PHONE:
+1-867-667-5678