



YUKON PRODUCTION REGISTRATION FORM

Production Company Information

Date of Application: _____

Film Working Title: _____

Production Company: _____

Local Production Office Address: _____

Production Office Telephone: _____ **Production Office Fax:** _____

Production Office E-Mail: _____

Permanent Address: _____

Permanent Telephone: _____ **Permanent Fax:** _____

Executive Producer: _____

Producer(s): _____

Director: _____

Production Manager: _____ **Accountant:** _____

First AD: _____ **Production Coordinator:** _____

Location Manager: _____ **Assistant Location Manager:** _____

Production Designer: _____ **Special Effects Coordinator:** _____

Email: _____ **Web:** _____

Yukon Shoot Dates: _____

Release/Broadcast Dates: _____

Number of Crew on Locations: _____

Additional Information _____

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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.

Please list the **exact locations** where you will be filming in Yukon:

PRODUCER

DATE

PLEASE SEND COMPLETE PACKAGE TO:

MAIL:
YUKON FILM & SOUND COMMISSION
Box 2703 (L-5)
WHITEHORSE, YUKON
CANADA Y1A 2C6

EMAIL:
info@reelyukon.com

FAX:
867-393-7040

PHONE:
867-667-5400