



APPLICATION FOR FILMING AT THE KALAMAZOO/BATTLE CREEK INTERNATIONAL AIRPORT

Section 1:
Company Information **Type or print legibly in blue or black ink. Complete all sections. Use N/A when field is not applicable. The Airport requires a minimum of 15 working days to review all applications, treatments, scripts and insurance documentation.**

| | |
|----------------------------|--|
| Date of Application | |
| Company Name | |
| Company Website | |
| Production Name | |
| Mailing Address | |
| Business Phone | |
| Billing Address | |
| Point of Contact | |
| Cell Phone | |
| e-mail Address | |

Section 2:
Production Information

| | |
|-------------------------------------------------------------------|--|
| Requested dates and times (include setup and cleaning) | |
| Number of participants (include crew, cast, and extras) | |
| Proposed airport locations | |
| Equipment and vehicles to be used during production | |
| Parking or space requirements for equipment and vehicles | |
| Special Requests (electricity, security, and pyrotechnics) | |



Section 3: Type of Activity

Commercial filming and/or photography may be restricted to times when airport activity is at a minimum.

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| <p>Please indicate which type of activity is intended</p> | <p><input type="checkbox"/> Advertisement/Commercial <input type="checkbox"/> Documentary <input type="checkbox"/> Motion picture <input type="checkbox"/> Still photography <input type="checkbox"/> Television <input type="checkbox"/> Other (please specify)</p> |
| <p>What is the general theme of the project?</p> | |
| <p>Please describe in detail the proposed activities to be conducted at the Airport?</p> | |
| <p>Why must this project be filmed at the Airport?</p> | |

Section 4: Acknowledgement

The undersigned represents and warrants that the information submitted in this application is true and correct. The undersigned agrees, if permitted, to engage in the activities described in the application. Misrepresentation or omission of any material fact in an application is grounds for immediate termination of any photography/filming approved pursuant to this application.

| | |
|--------------------------------------|--|
| <p>Company Name</p> | |
| <p>Name of Representative</p> | |
| <p>Title</p> | |
| <p>Signature</p> | |
| <p>Date</p> | |