



BURKE REHABILITATION HOSPITAL

Photography and Filming Request Form

The Project Principal (the filmmaker/photographer or his/her agent) must complete, sign and submit this form to Richard Sgaglio, Vice President, Marketing, Communications & Development, **no later than 10 days prior to the project's start date.**

Burke will assign a Project Manager who will contact you to schedule a walk-through and contract signing. Film projects and advertisement will also require the submission of a script or storyboard as appropriate.

Submission of this form does not grant or imply a license to photograph or film on location at the Burke Campus.

Organization Type: (please check one)

- Commercial Film/Photography Company
- News Organization
- Non-Profit Organization/Student

Project Type: (circle one) Film/Video Still Photography

If you have selected still photography, describe how the photos will be used.

Project Principal Details

Name : _____

Company: _____

Address : _____

Telephone: _____ Email: _____

Project Details

Proposed date(s): _____

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Proposed daily start and end time(s) (including set up, makeup/hair, costuming and staging):

Day, Date	Start	End
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Locations you are interested in using (circle all that apply):

- A. Burke Medical Research Institute (Exterior Only)
- B. Burke House (Exterior Only)
- C. The Colonnade
- D. The Quadrangle
- E. Billings Building (note any specific floors/rooms in attached sheet)
- F. Sheppard/White Buildings (Exterior Only)
- G. Wood Pavilion (Exterior Only)
- H. Outpatient Facility (Exterior Only)
- I. East Building (Exterior Only)
- J. Alexander Building
- K. Maintenance Garages
- L. Matthew O'Connell Sports Center
- M. Tennis Courts
- N. Patients Greenhouse
- O. Track

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Number of people and amount and type of equipment involved:

Any potential disruption (sound, light, physical, etc.) of hospital and institute activities:

Will you need space for makeup/hair, costuming, or other preparation?

Will you need parking space? If so, please indicate the type and number of vehicles requiring parking spaces?

Do you need overnight storage or parking? Please describe equipment and storage facility needed, etc. Note that there is an extra charge for overnight storage and parking.

Any specific requests to utilize Burke resources (personnel, electricity, etc.):

Signature of Project Principal, Title

Date: _____

Signature of Burke Representative, Title

Date: _____

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