



REQUISITION FORM — PRODUCTION ACTIVITIES

IDENTIFICATION

Producer's name (individual or organization): _____
 Address: _____
 City: _____ Province: _____ Postal Code: _____
 Telephone: _____ Fax: _____
 Web Site: _____ E-mail: _____
 Project Title: _____
 Onsite Project Coordinator: _____ Cell: _____ E-mail: _____
 Director: _____ Cell: _____ E-mail: _____
 Technical Director: _____ Cell: _____ E-mail: _____
 Accounts Payable: _____ Cell: _____ E-mail: _____

INFORMATION CONCERNING THE USE OF STUDIO 01

We encourage you to attach and annex any additional information that will assist us in better understanding your technical needs.

Number of people present during the activity: _____
 Producers: _____ Directors: _____ Talent: _____ Technicians: _____ Others: _____
 Arrival Date: _____ / _____ / _____ Departure Date: _____ / _____ / _____
Day Month Year Day Month Year
 Schedule: from ____ : ____ to ____ : ____ (if the schedule varies, please attache a detailed timetable)
Traffic levels in and out of Studio 01: Mild Heavy **Traffic levels in and out of the Lab:** Mild Heavy
Type of activities: Photo Film Video Audio Presentation / Meeting Other : _____
Noise Levels: Mild Heavy **Sound Recording:** Yes No
 Though Studio 01 is insulated, it is possible that occasional external noises, beyond our control will be audible (ie: truck horns, jackhammers).
Other requirements: Access to control room / Dressing room Craft Tables Folding Tables Internet Access Other : _____
 Serving ware **Coffee maker:** 12 cups 40 cups
Equipment / Accessories: Please attach a detailed list of equipment and accessories you plan to bring.

INFORMATION CONCERNING THE USE OF THE AUDIO SECTOR
(Surround Sound Audio Suite & Recording Studios)

We encourage you to attach and annex any additional information that will assist us in better understanding your technical needs.

Number of people present during the activity: _____
 Producers: _____ Directors: _____ Technicians: _____ Musicians / Talent: _____ Others: _____
 Arrival Date: _____ / _____ / _____ Departure Date: _____ / _____ / _____
Day Month Year Day Month Year
 Schedule: from ____ : ____ to ____ : ____ (if the schedule varies, please attache a detailed timetable)
Type of audio activities: Sound Recording Editing Mixing Post production for image Mastering
 Listening session / Meeting Other: _____
Noise Levels: Mild Heavy
Which of the studios in the audio sector do you intend to use:
 Surround Sound Audio Suite Studio 02 (principal recording studio) Green Room (small recording studio)
Other requirements (Please refer to our price list to determine the available quantity of each item):
 Mic Stands Sabrasom Mic Suspension Music Stands Snakes and Adaptors Mic Cables Headphones
 Direct Boxes Power Bars Extension Cords Equipment Tables Other: _____
Equipment / Accessories: Please attach a detailed list of equipment and accessories you plan to bring.

PLEASE NOTE

- The lab is equipped with an alarm system, however OBORO is not responsible for the security of your equipment or accessories;
- Please note that there is no available storage space prior to or after studio rental;
- Please note that use smoke machines is prohibited on the premises.