



ACTION CAMP
7601 Soledad Canyon Rd.
Acton, CA 93510
Tel: (661) 268-1214
eMail ; info@actioncamp.cc

Application For Film Location

www.laRVresort.com

1. Date of Application: / /	Name of Event	Event Type	
2. Name of Applicant (Last, First) or Name of Agent		Phone:	
Address of Applicant:	City:	State:	Zip:
Email Address:			
3. Name of Group/Organization:		Phone:	
Address (if different):	City:	State:	Zip:
Is this non-profit? Yes <input type="checkbox"/> No <input type="checkbox"/>	Date of Arrival: / /	Date of Departure: / /	
4. Estimate Number of Participants <input type="checkbox"/> Crew () <input type="checkbox"/> Cast ()			
5. Estimate Number of Vehicles <input type="checkbox"/> Automobile () <input type="checkbox"/> Truck / Trailer ()			
6. Filming Hours <input type="checkbox"/> Start Time () <input type="checkbox"/> Ending Time ()			
7. Set Description / Special Requirement			
When making contract, we also request your copy of liability insurance for film shooting and your signed Action Camp Safty Regulation Form along with the Contract Form. If there are any questions, please call the office at (661) 268-1214.			

** Please mail this application or scan and email to info@actioncamp.cc*

*** All Activities are subject to pre-approval by management. Non-preapproved activities may not be conducted.*

For Action Camp Office Use Only

Date Application Received:	Office Staff Name:
Application <input type="checkbox"/> Approved <input type="checkbox"/> Denied (Reason) _____	
Requested Group Contract with Deposit? <input type="checkbox"/> Yes Date _____ / _____ / _____	
Memo:	