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| **PROD. NUMBER** | | | | **TITLE** | | | | | | | | | | | | | | | | | | | | | **CALL TIME** | |
| **Production Office** | | | | | **Date** | | | **Emergency Cell** | | | | | | | | | | **Sunrise / Sunset** | | | | | **Hospital** | | | |
| FSU Film School  University Center A5100 Tallahassee, FL 32306 | | | | |  | | |  | | | | | | | | | |  | | | | | Tallahassee Memorial Hospital  1300 Miccosukee Road Tallahassee, FL 32308 | | | |
| **Day #** | | | **Weather** | | | | |
| of | | |  | | | | |
| **Scenes/Locations** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **SCENES** | | **SET / DESCRIPTION** | | | | | | | **D/N** | | | **PGS** | | | **CAST #** | | | **LOCATION ADDRESS** | | | | | | | | |
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| **Cast** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **CAST #** | **CAST** | | | | | | **CHARACTER** | | | | | | | | **MAKEUP** | | | **SET CALL** | | | **REPORT TO** | | | | | |
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| **Crew** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **POSITION** | | | **NAME** | | | **PHONE** | | | | | **TIME IN** | | | **POSITION** | | | **NAME** | | | | | | | **PHONE** | | **TIME IN** |
| **Director:** | | |  | | |  | | | | |  | | | **Sound Mixer:** | | |  | | | | | | |  | |  |
| **Producer:** | | |  | | |  | | | | |  | | | **Prod Design:** | | |  | | | | | | |  | |  |
| **1st AD:** | | |  | | |  | | | | |  | | | **Art Director:** | | |  | | | | | | |  | |  |
| **2nd AD:** | | |  | | |  | | | | |  | | | **Editor:** | | |  | | | | | | |  | |  |
| **Script Supe:** | | |  | | |  | | | | |  | | | **Asst Editor:** | | |  | | | | | | |  | |  |
| **DP:** | | |  | | |  | | | | |  | | | **PA:** | | |  | | | | | | |  | |  |
| **1st AC:** | | |  | | |  | | | | |  | | | **PA:** | | |  | | | | | | |  | |  |
| **2nd AC:** | | |  | | |  | | | | |  | | |  | | |  | | | | | | |  | |  |
| **Gaffer:** | | |  | | |  | | | | |  | | |  | | |  | | | | | | |  | |  |
| **Best Electric:** | | |  | | |  | | | | |  | | |  | | |  | | | | | | |  | |  |
| **Key Grip:** | | |  | | |  | | | | |  | | |  | | |  | | | | | | |  | |  |
| **Best Grip:** | | |  | | |  | | | | |  | | |  | | |  | | | | | | |  | |  |
| **TRUCK** | | | **DRIVER/PASSENGER NAMES** | | | | | | | | **TRUCK #** | | | **CATERING** | | | **PROVIDED BY** | | | | | | | | | **TIME IN** |
| **Grip/Electric:** | | |  | | | | | | | |  | | | **Breakfast:** | | |  | | | | | | | | |  |
| **Generator:** | | |  | | | | | | | |  | | | **Lunch:** | | |  | | | | | | | | |  |
| **Advanced Schedule** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **DATE** | | | **DESCRIPTION** | | | | | | | **SCENES** | | | **CAST #** | | | **D/N** | | | **I/E** | **PGS** | | **LOCATION** | | | | |
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