



# STUDIO PRODUCTION PLAN

Revised 4/2/08

Producer name
Producer contact #'s
Project title
Production date
Will this production be live? <b>YES NO</b> (if no, skip to next section) We will go live from _____ until _____
Will there be live call-ins? <b>YES NO</b>
Requested times for production session <b>START:</b> _____ <b>END:</b> _____ Set preparation from _____ to _____ Technical set-up from _____ to _____ Rehearsal from _____ to _____ Taping or Live from _____ to _____ Strike/clean-up from _____ to _____

Who will help?	Contact #'s	Scheduled times
Associate Producer		
Director		
Technical Director		
Audio		
CG Operator		
VTR Operator		
Camera 1		
Camera 2		
Camera 3		
Phone Operator		
Floor Manager		
Other		

Who will be the talent?	Contact #'s	Scheduled times
Host		
Guest 1		
Guest 2		
Guest 3		
Other		

***Please check off and describe all that apply to this production:***

\_\_\_\_\_ Talk format

\_\_\_\_\_ Music performance

\_\_\_\_\_ Other performance

\_\_\_\_\_ Studio audience

\_\_\_\_\_ Other

**Please describe your technical and set-up needs:**

Set

Audio

Lighting

Other



**For each different set-up for this production, please describe or illustrate the set in the space below. You may also use this space to describe any additional information, questions or requests you have that will help us facilitate your production. Thank you for your efforts as a BNN Producer!**

Plan submitted by \_\_\_\_\_

Date \_\_\_\_\_

Approved by \_\_\_\_\_

Date \_\_\_\_\_