College of DuPage

Motion Picture/Television

Course Name and Number:			
Prod. #:		Production Title:	
Producer:		Director:	
Costumer:			

SCHOOL OF FILMMAKING WARDROBE REQUEST

DATE OF REQUEST: _____

NAME: _____ PHONE: _____

PICK-UP DATE: _____ RETURN DATE: _____

CHECK YEAR: ☐1 ☐2 ☐3 ☐4

QTY	Item Description	OUT	IN	MISSING ITEM
	JACKETS			
	SHIRTS			
	PANTS			
	SKIRTS/DRESSES			
	SHOES			

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Motion Picture/Television

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Prod. #:		Production Title:	
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NAME: _____ PHONE: _____

QTY	Item Description	OUT	IN	MISSING ITEM
	JEWELRY/ACCESORIES			
	HATS/HELMETS			
	MISCELLANEOUS			

Signature of Person Making Request _____ Date _____

APPROVAL:

Production Office _____ Date _____