



2009 Wrap Up Form

The Team

Team Leader (Producer): _____

Team Name: _____

Number of Cast: _____ Number of Crew: _____

The Film

Name of Film: _____

Total Run Time: _____

Primary Media Format: DVD or Mini-DV

Backup Media Format: DVD or Mini-DV

Assigned Genre: _____

Equipment

Camera 1: (Type/Make) _____

Camera 2: (Type/Make) _____

Editing System: (Hardware/Software) _____

The Week

The Best?

The Worst?

If you could change one thing, what would it be?

Suggestions/Comments: