

NAME:	PROJECT:	LENGTH:	Scene No:	
	_____		Script Page(s):	
	_____			

**STORYBOARD:** Subjects, Axis, Blocking

**Description:**

**Overhead:** Axis, Blocking, Camera

Lens: \_\_\_\_\_ Height: \_\_\_\_\_

Notes:	Light	Sound
	<input type="checkbox"/> Interior	<input type="checkbox"/> Sync
	<input type="checkbox"/> Exterior	<input type="checkbox"/> MOS
	<input type="checkbox"/> DayTime	<input type="checkbox"/> Wild
	<input type="checkbox"/> Night Time	<input type="checkbox"/> Other