



ACROPOLIS MUSEUM

APPLICATION FOR ENTRANCE PERMISSION TO FILMING CREW

(Please complete all fields)

Organization / Company name:

Preferred date of filming:

Estimated duration of stay in the Museum:

Details of contact person / person in charge of the crew:

Name:

Telephone/mobile:

Fax:

Email:

Names of members of the film crew who will attend filming at the Museum:

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.
- 10.

Please indicate whether you will require parking facilities for vehicles connected to the filming:

YES NO

Type and registration numbers of all vehicles:

- 1.
- 2.
- 3.

(date)

(signature)