



ST THOMAS MORE COLLEGE
UNIVERSITY OF SASKATCHEWAN

STM College Photographer Request Form

Event Name: _____

Event Date: _____ Venue: _____

Start/End Times: _____ to _____

Required photography start time (if other than the event time): _____

Estimated Time of Photo Assignment: _____

Intended Use for Photos (*web news story, archives, future posters, photo gallery, etc.*):

Key Photos Requested (*include names/titles of key subjects*):

1) _____

2) _____

3) _____

4) _____

Requested by: _____ Dept: _____

Contact Email/Phone: _____

Request Submission Date: _____

Other instructions: _____

*** Please include agenda/itinerary if available and any pertinent background information**

Submit form to: **Jacquie Berg, Director of Communications, Marketing
& Student Recruitment at jberg@stmcollege.ca**