



**TOWN OF HIGH RIVER  
SCHEDULE C - ECONOMIC IMPACT REPORT**

Applicant's Name:	
Production Company:	
Project Title:	
Start Date of Project:	
End Date of Project:	
Total Number of Production Days:	

Products or Services Purchased in High River:		Provide Description:	Dollar Amount Spent for the Total Number of Production Days
High River Residents Hired as Extras	<input type="checkbox"/>		
Food and Beverage purchased for Project Cast and Crew	<input type="checkbox"/>		
Business Disruption Fees	<input type="checkbox"/>		
Donations made to local High River Non-Profit Organizations	<input type="checkbox"/>		
Additional crew incidental expenses	<input type="checkbox"/>		
Venue Rental	<input type="checkbox"/>		
Equipment rental	<input type="checkbox"/>		
Set construction materials	<input type="checkbox"/>		
Donation to the Town	<input type="checkbox"/>		
Other	<input type="checkbox"/>		

**TOTAL** \_\_\_\_\_

Email the completed form to: [Film@highriver.ca](mailto:Film@highriver.ca)  
 Or you can deliver the completed form to the following address:

The Town of High River  
 309B Macleod Trail SW  
 High River, AB T1V 1Z5  
**Attention: Economic Development Film Coordinator**