



Project Treatment Outline - print and file into the appropriate binder

Project Title: _____ Date of Proposal: _____

Teammate #1 Name: _____

Teammate #2 Name: _____

Freelancer(s): _____

Project Description: _____

Main Character/Actor/Host: _____

Supporting Character/Actor(s): _____

Recording Date(s): _____

Recording Location(s): _____

Submit for: (circle one) NHS Update Mustang Magazine Update AfterDark UStangs.com

Other: _____

Deadline: _____ **Adviser:** _____ **Approval Date:** _____