Bellevue Performing Arts Center

Technical/Equip	ment Requirem	ents:	·	~ `	
Name of Group:	Bellevue	High	Event Date 3/37/17 eveluniedgers & Phone 425-785-39 fidifferent from above Phone 425-785-39 the approval and scheduling through the school the approval and school the approval and school		
Name of Event	arent E	ducation	<u>~</u> E	Phone 425 - 785 - 39 Ing through the school Ing through the school Ing Other: Ing Ing	
Contact Tue lyn	Edgerse	mail <u>evel</u>	yn, edgers	Phone 4	25-785-29
Day of Event Conta	ct Name and Nun	ber (if different f	rom above)	est. Com	
<u>Saw</u>	re		· · · · · · · · · · · · · · · · · · ·		
Expected Attendan	ce <u>100</u>		Number of Perform	iers <u>3</u>	
Event Description:	Parent	Educat	ion prosen	tation	
Date	Time In (set-up)		1		
i.e. 4/5/2016	4:00pm	7:00pm	7:30pm	9:00pm	10:00pm
2/27/17	5130	6:00	6:30	8:30	8:30
Podium/Lectern	Identify which side of stag ter or dvd Player (us nery Pieces: descrip description	e R C L er must provide comput otion	d Projection Screen (sed 🗆 Cyc
Audio: Indicate null Microphones: □Will Mic Stands 8 (reless 4 () 🗆 Co	ountryman/Lape	el 4 ()	() nect ipod 🗆 Heads	ets 4 ()
□ Custom — Requires of	ıdditional technician or use	r provided designer app		, Colored gels must be provi	ded by the user.
□ Orchestra Pit □	() □ Choir R Folding Chairs (_	isers 4 () □) □ Tables	Band Risers ()		y 🗆 Shell Clouds
Set-Up Diagra	m/Comments	: (any additional r	eeds i.e. chairs in greer	room, etc.)	