## **Sammamish Performing Arts Center**

## **Technical/Equipment Requirements:**

Name if Group:	Equity Departmen	t				
		<u> </u>				
Name of Event	Rite of Passage Event Date 5/12/2017					
Contact Ramika				M405.org Phone x 4027		
Day of Event Conta	act Name and Nun	<b>nber (</b> if different f	rom above)			
				<del></del>		
			d scheduling through th			
☐ Green Room ☐ T	icket Booth <b>©</b> Com	mons/Lobby	Cafeteria   Other:			
<b>Expected Attendar</b>	Expected Attendance Number of Performers					
<b>Event Description:</b>						
•						
Date	Time In	House	Event Start Time	Event End Time	Breakdown time	
i.e. 4/5/2016	(set-up) 4:00pm	7:00pm	7:30pm	9:00pm	10:00pm	
		7.000	, , , , , , , , , , , , , , , , , , ,			
5/12/2017	4:00pm		6:00pm	8:00pm	9:00pm	
	'		'	,	·	
Stage/Scenery	/: □ Grand Drape	<i>Circle:</i> Open or clos	ed   Center Travel	<b>er</b> <i>Circle</i> : Open or Clo	sed □ Cvc	
<b>⋉</b> Podium/Lectern						
<b>☆Projector:</b> Compu		•	•			
□ Bringing Set/Sce	nery Pieces: descrip	otion				
•						
*May require addition	al staff depending on ເ	ise				
Audio: Indicate nu	mher needed Number	r provided indicates	s how many available			
			ed ⁊( )□Floor/Bo	undary 4 ( )		
. , ,	·——·	·——-	ors			
	cophonist may need					
			ash, can be operated by	/ user)		
□ Custom — Requires a	additional technician or user	provided designer appi	oved by the PAC Coordinator.	Colored gels must be prov	ided by the user.	
☐ Spot light — Require	es additional technician or u	ser provided operator a	pproved by the PAC Coordina	tor/site supervisor.		
Additional: The			•			
	<del></del> :	· <del></del>	Piano upright only	Shells   Clouds	□ Orchestra Pit	
□ Folding Chairs (_	) 🔀 Tables (	<u>4</u> ) □ Band	l Risers ()			
2 tables La	hhy (1 registration	2 food) 1 tab	e on stage			

3 tables Lobby (1 registration, 2 food) 1 table on stage

Set-Up Diagram/Comments: (any additional needs i.e. chairs in green room, etc.)