Newport Performing Arts Center

Technical/Equi	pment Requiren	nents:			
Name if Group:	All Nations Commu	nity Church			
Name of Event Event Date					
Contact David Staples Email drstaple			@gmail.com	Phone20	06-963-9153
Day of Event Cont	tact Name and Nur	nber (if different f	rom above)		
			d scheduling through th Cafeteria □Other:	-	
	ince 150		Number of Perform		
Event Description					
· ·	 ice. Bring own sound	d equinment			
	-		Friend Chart	Front Ford	Dreakdown
Date	Time In (set-up)	House Opens	Event Start Time	Event End Time	Breakdown time
i.e. 4/5/2016	4:00pm	7:00pm	7:30pm	9:00pm	10:00pm
					40.00
9/10/2016	6:00pm		7:30pm	9:00pm	10:00pm
9/11/2016	9:00am		11:00am	12:15pm	1:30pm
 Podium/Lecterr Projector: Comp Bringing Set/Sc Flown Scenery* 	1 Identify which side of stag	e R C L er must provide comput ption	ed Center Travelo	front projection only)	
Microphones: DW	(<u></u> / I	oel ₂ () □Wire	a how many available. d ໑ () □Choir(□CD Player □ Hea	_, _	ary()
Custom – Requires	additional technician or use	r provided designer appr	ash, can be operated by oved by the PAC Coordinator. pproved by the PAC Coordina	Colored gels must be provi	ided by the user.
 Music Stands (_ Folding Chairs () 🗆 Tables (ers () 🗆 Pian) 🗆 Band	o upright only 🗆 Clou I Risers		Pit
Set-Up Diagra	am/Comments	any additional n	eeds i.e. chairs in green	room, etc.)	