## **Sammamish Performing Arts Center**

Name if Group: SHS Adm 1 N					
Name if Group:	SHO ARM	. 1 / \			1
Name of Event	Lurricu	lum N	19VITE	ent Date	15/14
Contact Email Dowers webs 1905, Phone X7604					
Day of Event Conta	Ct Name and Num			03	,
Additional Rooms	Used: (some rooms r	equire approval an	d scheduling through the	e school)	
☐ Green Room ☐ Ticket Booth ☐ Commons/Lobby ☐ Cafeteria ☐ Other:					
Expected Attendance Number of Performers					
Event Description:					
Date	Time In	House	Event Start	Event End	Breakdown
i.e. 4/5/2016	(set-up) 4:00pm	Opens 7:00pm	7:30pm	9:00pm	time 10:00pm
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			propried		
Stage/Scenery: Grand Drape Circle: Open or closed Center Traveler Circle: Open or Closed Cyc  Podium/Lectern Identify which side of stage R C L  Projector: Computer or dvd Player (user must provide computer, no MAC support)  Bringing Set/Scenery Pieces: description					
□ Flown Scenery*: description*  *May require additional staff depending on use					
Audio: Indicate nu. Microphones: Will  Mic Stands 2	mber needed. Number r <b>eless</b> 2 (	r provided indicates el 1 () □Wire : □Monito	d ⁊ () □Floor/Bou rs □CD Player □ l	Headsets	
□ Custom – Requires a	dditional technician or user	provided designer appro	ish, can be operated by to oved by the PAC Coordinator. Coproved by the PAC Coordinato	Colored gels must be provia	ed by the user.
Additional: These are available with an additional cost to public users    Music Stands 60 ()					

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