Bellevue Performing Arts Center

	NS Share				
Name of Event			E	vent Date Oct 3	0, 2016
Contact Srikanth Satyanarayana Email srik.satya@gmail.com			gmail.com	Phone	425-902-6361
Day of Event Con	tact Name and Nur	nber (if different fr	om above)		
			d scheduling through th Cafeteria □Other:_		
			Number of Perform		
event Description		······			
	•				
Date	Time In	House	Event Start	Event End	Breakdown
	(set-up)	Opens	Time	Time	time
i.e. 4/5/2016	4:00pm	7:00pm	7:30pm	9:00pm	<u>10:00pm</u>
10/30/2016	12:00pm		3:00pm	7:00pm	8:00pm
Stage/Scener	They can op	pen and close main	themselves, but not fled Center Travele	y in and out	nsed i v/Cvc
			Projection Screen (f		
	uter or dvd Player (us		•		/
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•	-				
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Flown Scenery* May require addition	iai stajj acpenanig on				
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May require addition	umber needed. Numbe	r provided indicates	how many available.		
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Set-Up Diagram/Comments: (any additional needs i.e. chairs in green room, etc.)

3 Choir risers to be delivered from the warehouse