BSD Performing Arts Centers

Equipment Use Form

Technical/Equi	pment kequiren	ients:			•
Name if Group: _	NHS GIRLS	SWIVE			
Name of Event	of EventEND OF THE YEAR BANQUETEvent Date November 20, 2017				
Contact Samant	na Des Roches E	mail_we3desr	oches@comcast.r	<u>1et</u> Phone <u>4</u>	15-505-9865
	tact Name and Nun				
			d scheduling through th		·
□ Green Room □	Ticket Booth Com	mons/Lobby 🗆	Cafeteria Other:		
Expected Attenda	nce <u>150+</u>		Number of Perform	ers	
Event Description	:				
F		Т			1
Date	Time In (set-up)	House Opens	Event Start Time	Event End Time	Breakdown time
i.e.4/5/2016	4:96pm	7:00pm	7:30pm	9:00pm	10:00pm
11/20/2017	7:30pm	7:30pm	7:30pm	9:00pm	9:00pm
Stage/Scener	'V: 🗆 Grand Drape	Circle: Open or clos	ed 🗆 Center Travel	er <i>Circle</i> : Open or Clo	sed 🗆 Cyc
• •	I Identify which side of stag	~	Projection Screen (
			er, no MAC support) Custom	•	to VGA
• • •	enery Pieces: description				
•	nal staff depending on u				<u></u>
A					
	umber needed. Number	•	s how many available.)	ioor/Boundary/	1
// *			s CD Player d		/
	-				
		_	ash, can be operated by	•	
			oved by the PAC Coordinator. pproved by the PAC Coordinate		dealing the user,
	ese are available with a		•		
□ Music Stands (_) 🛮 Choir Rise	rs () 🛮 Pian	O upright only □ Shei	is 🗆 Clouds 🖽 O	rchestra Pit

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