



TECHNICAL REQUEST FORM

Complete this form with the school auditorium representative. If approved, complete the Building and Facility Use Application to reserve the auditorium. Submit Completed Forms to Building Principal or Site Supervisor .

Please Type or Print

ORGANIZATION _____

REQUESTED SCHOOL _____

EVENT TITLE _____

Event Load-in Date _____ Time _____

CONTACT PERSON _____

Event Load-Out Date _____ Time _____

PHONE (H) _____ (W) _____

Rehearsal Dates and Times:

TECH CONTACT _____

Day _____ From _____ to _____ Stage open at _____

PHONE (H) _____ (W) _____

Day _____ From _____ to _____ Stage open at _____

Day _____ From _____ to _____ Stage open at _____

(Technical staff are scheduled according to the information on this form. Please adhere to times listed. Contact the school if changes are necessary.)

PERFORMANCE/EVENT DATE AND TIME INFORMATION:

Day _____ From _____ to _____ Stage open at _____ Expected Attendance _____

Day _____ From _____ to _____ Stage open at _____ Expected Attendance _____

Day _____ From _____ to _____ Stage open at _____ Expected Attendance _____

Intermission? Yes No Length _____ Intermission Begins at _____

TECHNICAL/SPECIAL NEEDS (attach additional page if necessary)

Lighting:

Sound:

Staging (please include a drawing of the setup):

Other (ie; dressing/makeup rooms):

EQUIPMENT NEEDS

Upright Piano _____ # of Chairs _____ Podium _____

Platforms _____ # of Risers _____ # of Stands _____

Screen _____ Mic/PA _____

Grand Piano _____ (additional tuning fee applies)

Will you be using any special effects? Yes No

Please Describe: _____

PLEASE NOTE: NO FOOD OR BEVERAGES are permitted in any theatre unless it is part of a performance or rehearsal. **NO OPEN FLAMES, CANDLES, PYRO OR STARTER PISTOLS** are permitted at any time in any theatre.

FOR SCHOOL USE ONLY - please list all staff and total hours contracted for working this event :

Billing Rates for Techs: Student Tech - \$10.00/hour, Certified Tech - \$25.00/hour, Auxiliary Services Tech - \$39.00/hour

Sound Tech:
Student Name _____ Total Hours _____
Certified Staff Name _____

Lighting Tech:
Student Name _____ Total Hours _____
Certified Staff Name _____

Stage Tech:
Student Name _____
Certified Staff Name _____

Auxiliary Services Tech working this event _____
(by special arrangement only) Total Hours _____

Student Tech account to be charged (enter loc code): 74.____.14.1900.7224.0190.25.400.0000 TOTAL HRS _____

Certified Tech account to be charged (enter loc code): 74.____.14.1900.7224.0190.25.200.0000 TOTAL HRS _____

Note to Office Manager: If hours worked reported on timesheet does not match this form, please check discrepancy and report any changes to the Facilities Office at x6400 to correct client billing. Hours must be reported to Payroll on One-Time Pay Form in order for tech to be paid for this event. Student techs must complete paperwork with Human Resources and a e-Par must be entered to add them to the District payroll before they can be paid for working any event.

Auditorium Rep Approval _____

Principal Approval _____