

Event Information Form

Name of Show: _____

Brief Description of the Performance: _____

Genre: _____

Total Duration: _____

Interval (Yes/No) _____

Within the performance, please indicate if there are any changes to the set-up (for example: Addition/Removal of platforms during the performance):

Sound Engineer: _____

Please note, you are required to have a dedicated sound engineer for the performance who should be present for technical set-up/sound check.

Approx. number of hours required set-up and/ or sound check: _____

Please note that stage set-up and sound check to be completed no later than 2 hours before show time.

Point of contact on show day

Name: _____

Number: _____

Email ID: _____

The information above is provided by

Name: _____

Phone Number: _____