

Office use only:
Call In: _____ House: _____ Start: _____ Intermission: _____ End: _____ Out: _____

Event Date: _____ Location: _____ Estimated Attendance: _____

Event Setup/Warm-up Time: _____ Event Start "Curtain" Time: _____ Event End Time: _____

Rehearsal Date(s) & Time(s): _____ Intermission (circle 1): None 5min 10min 15min

Detailed Event Description (Concert, Senior Recital, etc.): _____

Producer/(Faculty) Sponsor: _____ Phone (1): _____ Phone (2): _____

Artist/Contact Person: _____ Phone (1): _____ Phone (2): _____

Billing Address: _____

City: _____ State: _____ Zip Code: _____ E-mail: _____

S T A G I N G R E Q U E S T S

Piano: Yes _____ No _____ Piano Music Desk/Rack: Yes _____ No _____

For Faculty, Graduate, Guest or Piano Performance Recitals ONLY, please list piano preference: _____

Lid position: Full Stick _____ Half Stick _____ "Block" _____ Closed _____ Other _____

Tuning: Requesting client is responsible for making arrangements through the WSU School of Music at 978-3103.

Harpichord: Yes _____ No _____

Organ (Wiedemann Only): Yes _____ No _____ *If Yes, requesting client must contact the the WSU Organ Faculty at 978-6218.*

Will there be a page turner: Yes _____ No _____

Music Stand(s): Yes _____ No _____ Number requested: _____ Stage Chair(s): Yes _____ No _____ Number requested: _____

Stage Table(s): Yes _____ No _____ Number & type requested: _____

Choral Risers: Yes _____ No _____ Number requested: _____ **Orchestral Concert Shell (Miller Only):** Yes _____ No _____

Staging Platforms: Yes _____ No _____ Please describe request: _____

Conductors Podium: Yes* _____ No _____ *If Yes: Double Level _____ Single Level _____ **Lectern:** Yes _____ No _____

T E C H N I C A L R E Q U E S T S

Electrical power needed on stage: Yes _____ No _____ How many connections: _____

Please describe any stage lighting requests (This does not apply to student recitals): _____

Please describe any audio/sound requests: _____

Do you wish Performance Facilities to AUDIO Record performance: Yes* _____ No _____

**If Yes, total length of music: _____ Number of CD copies requested: _____*

Will performance be VIDEO recorded: Yes* _____ No _____ *If Yes, do you wish a feed from the audio recording: Yes** _____ No _____

****Please note, for an audio feed video camera must be able to accept an external audio input and be placed in a designated area.**

Please describe any special video/projection requests: _____

Arrangements for video or projection services may be made with WSU Media Resources Center at 978-3575.

O T H E R R E Q U E S T S

Lobby Chair(s): Yes _____ No _____ Number Requested: _____ Lobby Table(s): Yes _____ No _____ Number requested: _____

Reception: Yes _____ No _____ Location: _____

Ticket Sales*: *Requesting client must make arrangements with the WSU College of Fine Arts Box Office Manager at 978-3208.**

**NOTE: WSU Ensemble Concerts, Faculty and Guest Recitals are ticketed events unless prior written approval is received from the School of Music Chair.*

Please list any other requests or details regarding your event: _____


*****Please print form and complete setup diagrams on the back of this form.*****

Setup Diagrams


Please indicate all setup diagrams as clearly as possible. Please complete a separate diagram for each *different* setup.
Please keep in mind fewer changes may be beneficial to the performance.

X - chair


 - harpsichord

 - lectern

 - microphone

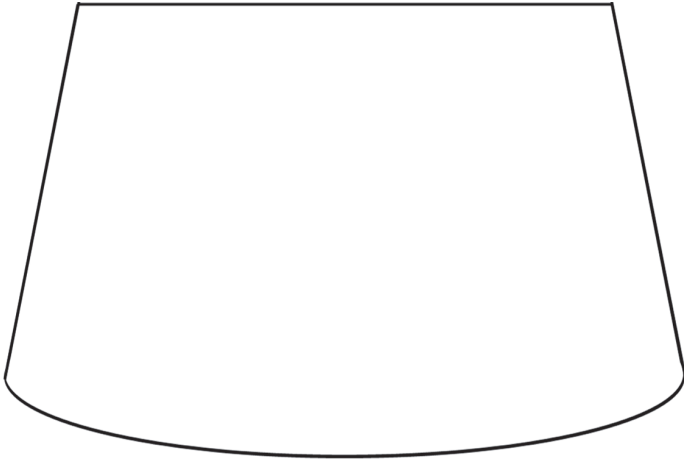
 - monitor

 - piano

 - stand

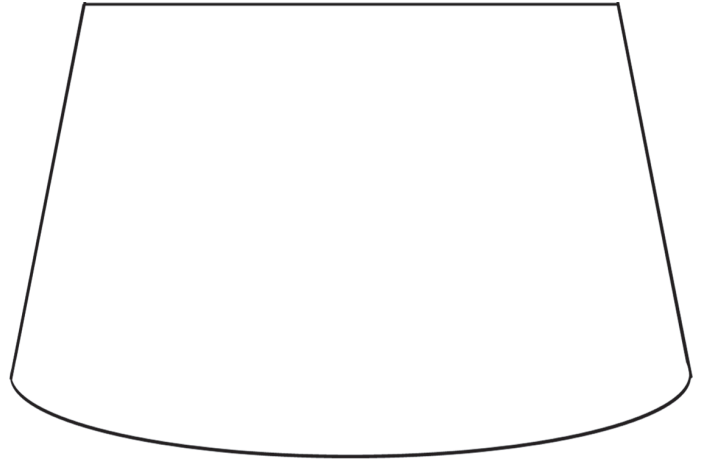
Setup 1: _____

Drawn by: _____ Revised by: _____



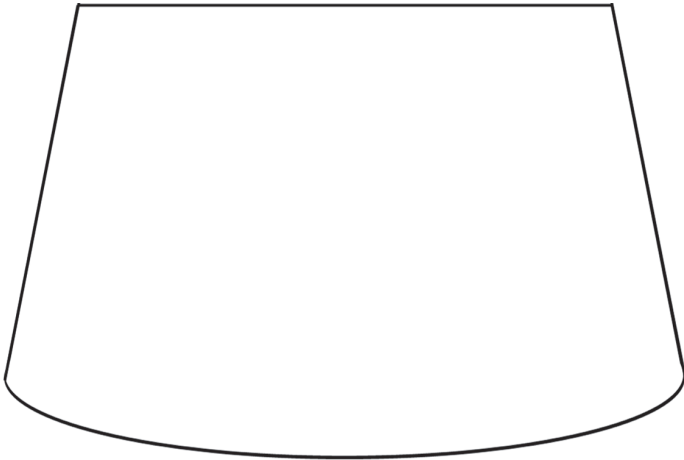
Setup 2: _____

Drawn by: _____ Revised by: _____



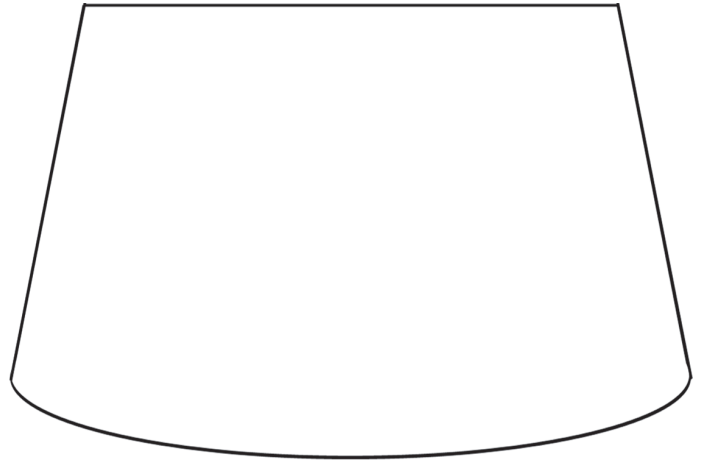
Setup 3: _____

Drawn by: _____ Revised by: _____



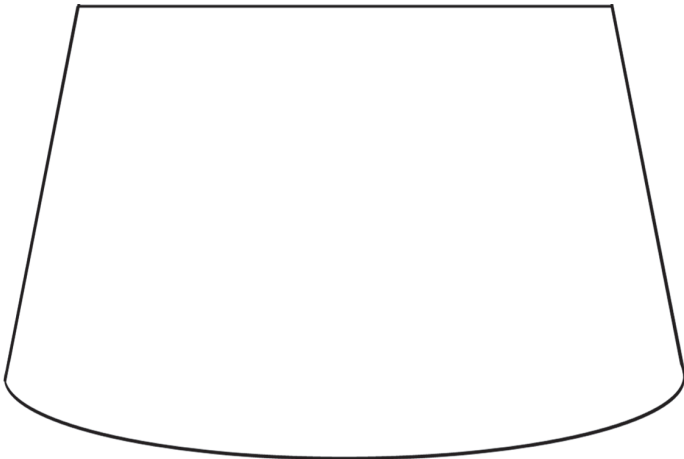
Setup 4: _____

Drawn by: _____ Revised by: _____



Setup 5: _____

Drawn by: _____ Revised by: _____



Setup 6: _____

Drawn by: _____ Revised by: _____

