

Technical Information Sheet

Request for sound, staging and other items needed for stage performance.

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| **Festival or Event Title:** |  | **Facility or Location of Performance:** |  |
| **Performance Title:** |  | **Group Contact Name and Cell Phone #:** |  |
| **Performance Type:** |  | **Email Address:** |  |
| **Performance Date:** |  | **Performance Time:** |  |

**Performance Space Layout**

DIRECT INPUT

MICROPHONE

AUDIENCE

LECTERN

CHAIR

MUSIC STAND

MONITOR SPEAKER

**KEY**

|  |
| --- |
| Please list below all musical intruments and percussion used in above layout: |
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# STAGE AND SOUND REQUESTS FOR ONE OR MULTIPLE ACTS/GROUPS SET UP

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| **ORDER OF ACT** | **START TIME** | **BRIEF DESCRIPTION OF ACT** | | **LECTERN** | **ACCOUSTIC PIANO**  **(Center House Only)** | **STAGE KEYBOARD** | **MUSIC STANDS #** | **CHAIRS #** | **TABLES #** | **MICROPHONES #** | **DIRECT INPUTS #** | **MONITOR SPEAKERS #** | **1-CD PLAYER**  **2-CASSETTE**  **3-iPod, Laptop or**  **Other device** |
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| **NUMBER OF PERFOMERS:** | | | **PERFORMANCE LENGTH:** | | | | | | | | | | | |
| **SET UP TIME NEEDED:** | | | **TEAR DOWN TIME NEEDED:** | | | | | | | | | | | |
| **CHORAL RISERS:** | | |  | | | | | | | | | | | |
| **OTHER INFORMATION OR REQUESTS:** | | |  | | | | | | | | | | | |
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| **COMMENTS:** | | |  | | | | | | | | | | | |
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