

**For Office Use Only:**Reference Number: F - 2009 - 714 - A☒ Accepted ☐ Declined

Declination Reason: \_\_\_\_\_

## UPAC Sound Services Request Form

**General Information**Requesting Organization: Duly Noted A CappellaUnion Funded? ☐ Yes ☒ NoEvent Name: The Duly Noted Fall ShowEstimated Attendance: 50**Contact Information**Name: Adam SteinbergerE-Mail: steina4@rpi.eduPhone: (518) 928-2775 RIN: 660519560**Timetable****NOTE: DO NOT include setup time in your start time.**Start Date: 12/4/2009 Start Time: 08:00pmEnd Date: 12/4/2009 End Time: 10:00pmTime YOU Will Setup: 06:00pm Soundcheck: 06:30pm**Event Type**

- ☒ Concert ☐ Stage Show (e.g. dancers)  
☐ Open Mic ☐ Speaking Engagement  
☐ Mixer ☐ Comedian  
☐ Talent/Variety Show ☐ Dance  
☐ Other: \_\_\_\_\_

**Event Location****NOTE: Please Indicate Any Alternate Location**

- ☐ McNeil Room ☐ West Hall  
☐ Rathskellar ☐ Academy  
☒ Mothers ☐ Commons  
☐ Armory ☐ Fieldhouse  
☐ Other: \_\_\_\_\_

**System Options**Package Designation (if applicable): Mothers SystemNumber of Microphones Required: 5☐ Subwoofer Required☐ Monitors Required Number of Mixes: 0☒ Wireless Mics RequiredSpecial Requests: Area Mics. We will need a two solo mics, a mic for vocal percussion,...**Payment Options****NOTE: Payment must be available at start of setup**☐ Union Account Transfer\_\_\_\_\_ . \_\_\_\_\_ . 085☐ Non-Union Institute Account Transfer

\_\_\_\_\_ . \_\_\_\_\_ . \_\_\_\_\_ . \_\_\_\_\_

☐ Check Write in Memo: 'Acc't # 302422.3137.RU0'☒ Cash Receipt? ☐ Yes ☒ No**Filling out this form DOES NOT guarantee the services of UPAC Sound.**

**To guarantee timely processing of this request, please ensure that *all* information requested is complete and accurate. Any unspecified contact information is grounds for denial of service WITHOUT NOTIFICATION. FULL Institute account numbers are required for processing.**

**THIS REQUEST NULL AND VOID UNLESS INITIALED AND SIGNED AND REQUESTOR RETAINS ATTACHED POLICIES SHEET.**

Initials	Date	
<u>AS</u>	<u>11/26</u>	<i>We, the undersigned organization, certify the completeness and verity of the information furnished on this form.</i>
<u>AS</u>	<u>11/26</u>	<i>We have read, understand, and agree to all policies, terms, and conditions stated on the <b>UPAC Sound Rental Policies, Terms and Conditions</b> sheet which will be retained by us for future reference.</i>

Adam Steinberger  
Renting Organization Authorized Signature

Thursday November 26th, 2009  
Today's Date

**For Office Use Only:**Processed By: Sara BrownDate: November 30th, 2009 Notes: \_\_\_\_\_☐ Rental ☐ Staffed \_\_\_\_\_



## UPAC Sound Service Contract Agreement

As per the **UPAC Sound Rental Policies, Terms and Conditions**, and the information furnished by the requesting organization by the means listed below, this document is a contractual agreement for services to be rendered by UPAC Sound.

- o **UPAC Sound Services Request Form** (form A)
- o **UPAC Sound Services Request Amendment Form** (form B)
- o Verbal Communication

The following should be considered an invoice for the aforementioned services. Payment is expected before initiation of service.

### Event Information

Requesting Organization: Duly Noted A Cappella

Reference Number: F - 2009 - 714 - D

Event Name: The Duly Noted Fall Show

Event Date: Friday December 4th, 2009

### Equipment Fees

Please refer to the UPAC Sound Services Guide for current package designations, prices, and fee schedule.

Qty	Equipment/Package Description	Unit Price	Total
1	Mothers System	\$50.00	\$50.00
1	Wireless Mics	\$25.00	\$25.00
1	Area Mics	\$0.00	\$0.00
0		\$0.00	\$0.00
0		\$0.00	\$0.00
<b>Subtotal</b>			<b>\$75.00</b>

### Technician Fees

Load In	1 techs for 2 hrs @ \$10.00 /hr = \$20.00	}	\$20.00	}	\$65.00
	for 0 hrs @ \$15.00 /hr = \$0.00				
Show	1 techs for 3.5 hrs @ \$10.00 /hr = \$35.00	}	\$35.00		
	for 0 hrs @ \$15.00 /hr = \$0.00				
Load Out	1 techs for 1 hrs @ \$10.00 /hr = \$10.00	}	\$10.00		
	for 0 hrs @ \$15.00 /hr = \$0.00				

### Total/ Penalty Fees

Description/Reason	Amount
Equipment Fees (from above) -----	\$75.00
Technician Fees (from above) -----	\$65.00
	\$0.00
	\$0.00
<b>SHOW TOTAL</b>	<b>\$140.00</b>

### Signatures

UPAC Sound Chairperson: \_\_\_\_\_ Date: \_\_\_\_\_

Authorized Representative from Requesting Organization: X

Printed Name: X Date: X