Sammamish Performing Arts Center

Technical/Equipment Requirements:

Name if Group: Odle Orchestra Concert

Name of Event Odle Fall Concert **Event Date** ~~December 1, 2016~~ Dec 6

Contact Barney Blough **Email** bloughb@bsd405.org **Phone** (206) 849-4181

Day of Event Contact Name and Number (if different from above)

Barney Blough

Additional Rooms Used: (some rooms require approval and scheduling through the school)

☒Green Room ☐ Ticket Booth ☐Commons/Lobby ☐ Cafeteria ☐Other:_____

Expected Attendance 250 **Number of Performers** 212

Event Description: Middle school orchestra concert

Date	Time In (set-up)	House Opens	Event Start Time	Event End Time	Breakdown time
i.e. 4/5/2016	4:00pm	7:00pm	7:30pm	9:00pm	10:00pm
12/1/2016			7:00pm		
12/6/2016	5:00pm	6:00pm	7:00pm	8:00pm	8:00pm

Stage/Scenery: ☐ **Grand Drape** *Circle:* Open or closed ☐ **Center Traveler** *Circle:* Open or Closed ☐ **Cyc**

☐ **Podium/Lectern** *Identify which side of stage* R C L ☐ **Projection Screen** (front projection only)

☐ **Projector:** Computer or dvd Player (user must provide computer, no MAC support)

☐ **Bringing Set/Scenery Pieces:** description _____

☐ **Flown Scenery*:** description _____

*May require additional staff depending on use

Audio: *Indicate number needed. Number provided indicates how many available.*

Microphones: ☐Wireless 2 (___) ☐Lapel 1 (___) ☒Wired 7 (___) ☐Floor/Boundary 4 (___)

☒Mic Stands 2 (_1_) Boom or (straight) ☐Monitors ☐CD Player ☐ Headsets

Lighting: ☐ **Lecture** (apron only) ☒**Standard** (stage wash, can be operated by user)

☐ **Custom** – *Requires additional technician or user provided designer approved by the PAC Coordinator. Colored gels must be provided by the user.*

☐ **Spot light** – *Requires additional technician or user provided operator approved by the PAC Coordinator/site supervisor.*

Additional: *These are available with an additional cost to public users*

☒Music Stands 60 (_60_) ☐ Choir Risers 5 (___) ☒Piano upright only ☒Shells ☒Clouds ☐ Orchestra Pit

☐ Folding Chairs (___) ☐ Tables (___) ☐ Band Risers (___) Work order submitted 11/17/2016

Set-Up Diagram/Comments: (any additional needs i.e. chairs in green room, etc.)