

International School Performing Arts Center

Technical/Equipment Requirements:

Name of Group: ArtRise Dance

Name of Event Annual Dance Recital Event Date 6/11/17

Contact Astre Kay Email info@artrisedance.com Phone (206) 687-055

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

Astre Kay - cell 206 379 0454

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

Green Room Ticket Booth Commons/Lobby Cafeteria Other: dressing rooms?

Expected Attendance 50 Number of Performers 25

Event Description:

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
6/11/17	2:30pm	4:30pm	5:00pm	6:00pm	6:00pm

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: circle: Computer or dvd Player (user must provide computer, no MAC support)

Bringing Set/Scenery Pieces: description _____

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

Microphones: **Wireless** 1 (____) **Lapel** 1 (____) **Wired** 4 (____) **Mic Stands** 3 (____) 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 (____) **Choir Risers** (____) **Piano** upright only **Chairs** **Band Risers** **Choir Shells**

Tables

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