

PAC EQUIPMENT FORM

Name of Event: REGISTRATION NIGHT	Your Name: AARON MILLER
Date of Event: TONIGHT 2/11/10 NHS	Contact Number: 7423
Description of Event: REGISTRATION PRESENTATION FOR PARENTS	

FORM DIRECTIONS:

Complete this form by checking all boxes required for event. Add special instructions on each line or at bottom and turn in 30 days in advance of program. Email back to sender or fax to 425.456.4584.

		Indicate # needed	↓	Available at the following Schools; (#indicates amount at that school):			
				IS	IHS	NHS	SHS
STAGE							
<input type="checkbox"/>	FULL STAGE			X	X	X	X
<input checked="" type="checkbox"/>	HALF STAGE		From mid-traveler forward		X		X
<input checked="" type="checkbox"/>	APRON ONLY		In front of Grand curtain only	X	X	X	X
<input type="checkbox"/>	Grand Curtain Set		Down&closed/down&open/Framed	X	X	X	X
<input type="checkbox"/>	Projection Screen		Mounted in front of grand	X	X	X	X
<input checked="" type="checkbox"/>	Podium		Which side of stage	X	X	X	X
<input type="checkbox"/>	Choir Risers				X	X	X
<input type="checkbox"/>	Band Risers				X		
<input type="checkbox"/>	Platforms						X
<input type="checkbox"/>	Shells		Associated Costs		\$X	\$X	\$X
<input type="checkbox"/>	Clouds		Associated Costs			\$X	\$X
LIGHTING							
<input type="checkbox"/>	House/Lecture		Audience and apron only	X	X	X	X
<input checked="" type="checkbox"/>	Standard		Operated by User from panel	X	X	X	X
<input type="checkbox"/>	Custom		Requires Technician -- Specific; include info on spots & genie lift	\$X	\$X	\$X	\$X
AUDIO							
Use of most all items below requires a technician							
<input type="checkbox"/>	Choir Mic			2	2		2
<input type="checkbox"/>	Stage Monitor			4	4	4	4
<input checked="" type="checkbox"/>	Handheld Wireless			1	1	2	1
<input type="checkbox"/>	Lapel Wireless				1	1	1
<input type="checkbox"/>	Countryman Wireless				1	1	1
<input type="checkbox"/>	Floor Mic				4		3
<input type="checkbox"/>	Directional Mic			2	6	6	6
<input type="checkbox"/>	Instrument Mic			1	2	2	2
<input type="checkbox"/>	Communication Head-Sets			6	6	12	6
<input checked="" type="checkbox"/>	Projector (permanently mounted)	AND SCREEN FOR POWER POINT		Front	Front	Front	Rear
<input type="checkbox"/>	CD Player				X	X	X
<input type="checkbox"/>	DVD Player				X		
<input type="checkbox"/>	Assisted Listening Devices				X	X	X
<input type="checkbox"/>	Mic Stands			X	X	X	X
<input type="checkbox"/>	Music Stands			X	X	X	X
<input type="checkbox"/>	Piano		Uprights only; flat fee Use of \$120.00	\$X	\$X	\$X	\$X
<input type="checkbox"/>	Computer (User Provided)						
Other							
<input type="checkbox"/>	"Green" Room			X	X	X	X
<input type="checkbox"/>	Ticket Booth				X	X	X
<input type="checkbox"/>	Coat Room						X
<input type="checkbox"/>	Orchestra Pit		Flat Fee of \$100.00 Cover Remvl.		\$X	\$X	\$X
<input type="checkbox"/>	Lobby			X	X	X	X
<input type="checkbox"/>	Other Rooms Needed						

Additional Comments: (please be as specific as possible, we will be using this to support your event)