

Newport Performing Arts Center

Technical/Equipment Requirements:

Name if Group: NHS ADMIN

Name of Event 8TH GRADE PARENT REGISTRATION NIGHT Event Date 2-28-17

Contact Thomas Gangle Email gangle@bsd405.org Phone 7447

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

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

Green Room Ticket Booth Commons/Lobby Cafeteria Other: _____

Expected Attendance 300 Number of Performers _____

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
2/28/17	5:30 pm	6:00 PM	6:30 pm	8:30 pm	9:00 pm

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

Podium/Lectern Identify which side of stage R 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** 3 (2) **Lapel** 2 (____) **Wired** 9 (____) **Choir** (____) **Floor/Boundary** (____)

Mic Stands (____) 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 **Clouds** **Orchestra Pit**

Folding Chairs (____) **Tables** (____) **Band Risers**

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