Interlake Performing Arts Center

recillical/Equipi	-				
Name if Group:	Bellevue Yo	outh Symphony	Orchestra		
Name of Event	Parents Meeting Event Date 9/18/2017 Jackson Email + jack son @ byso. org Phone 425 467 5				8/2017
Contact Trudi J	ackson Er	mail trackson	n @ byso. ov	9 Phone $\frac{\psi_{\alpha}}{\alpha}$	5 467 5604
Day of Event Contact	ct Name and Num	ber (if different fro	m above)		
Trudi	Jackson -	cellphon	e 425 241	4450	
Additional Rooms U					
□ Green Room □ Tie					nachare
Expected Attendance					
Event Description:	formation	meeting t	or youth	ovehesta po	ireats,
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
9/18/2017	6 15 pm	630pm	645 pm	7 15 pm	730 pm
,		,			,
Stage/Scenery		~ \	d 🗆 Center Travelo	er <i>Circle</i> : Open or Clos	ed □ Cyc
Podium/Lectern	1	\ /	•	front projection only)	
□ Projector: Comput□ Bringing Set/Scer	· ·				
□ Flown Scenery*:	-	·		3	
*May require additional			•		
Audio		., , , , , ,			
Audio: Indicate nun Microphones: Wir				oundary/ \	
Mic Stands (1)					
	_				
Lighting: Lectu	re (apron only) 🗆 St	andard (stage was	h, can be operated by	user)	
□ Custom — Requires an					led by the user.
□ Spot light — Requires	additional technician or us	er provided operator app	roved by the PAC Coordina	tor/site supervisor.	
Additional: These	e are available with a	n additional cost to I	oublic users		
□ Music Stands (ls 🗆 Clouds 🗆 Or	chestra Pit
Set-Up Diagrar	n/Comments:	dany additional nee	eds i.e. chairs in green	room, etc.)	