

THE ELLSWORTHSCHOOL DEPARTMENT

PERFORMING ARTS CENTER TECHNICAL INFORMATION

Date of Application _____

Dates(s) and Time(s) to be Used: _____

Organization or Individual: _____

Performance Title: _____

Name, address and telephone number(s) of person responsible for activity:

Description of activity: _____

Will activity be open to the public? _____ Yes _____ No

If yes, will an admission be charged? _____ Yes _____ No

How will the proceeds be used? _____

Additional needs:

Space needed (\$25.00/room) _____

- _____ Ticket Booth
- _____ Music Room
- _____ Dressing Rooms
- _____ Classrooms
- _____ Concession Booth
- _____ Bleacher Seating
- _____ Cafeteria

Equipment Needed:

- _____ Public address system
- _____ Number of microphones
- _____ Standing mikes
- _____ Handheld mikes
- _____ Tape player
- _____ CD Player
- _____ Other _____

Lighting Equipment

- _____ General overhead
- _____ Dimming
- _____ Follow spots
- _____ Special Equip _____

Staging Equipment

- _____ Piano
- _____ Chairs
- _____ Lectern
- _____ Acoustical panels
- _____ Other _____

Rehearsal Time

Date: _____ Time: _____

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Other special needs: _____

Adopted: April 14, 2015
Reviewed: August 14, 2018
Reviewed: November 10, 2020