Williamson Performing Arts Center

Event Set Up Information

Event: ___________________________  Date: ___________________________

Move in Time: _____________________  Move Out Time: _____________________

Rehearsal Dates: ______________________________________________________ 

Rehearsal 1. Start Time: ________  End Time: __________
Rehearsal 2. Start Time: ________  End Time: __________
Rehearsal 3. Start Time: ________  End Time: ________ (Please attach additional rehearsal times if needed)

Start Time for Event: _______________  Length of Show: _____________________

Est Attendance: ______________ Max is 850  Ticket Prices: ____________________

Contracting Organization: __________________________________________________

Contact Person: ___________________ Phone: ___________________ Fax: __________

Email: ____________________________________________________________________

Address: __________________________________________________________________

City_______________________________ State: ________________ Zip: ________________

Liability and Damage Insurance Required (Please attach certificate)

(Please check all that apply below)

☐ DRESSING ROOMS

Stage Set up

☐ CHAIRS  How Many: __________
☐ RISERS  How Many: __________ (Attach plan)
☐ PODIUM

*More set up see other side

Revised 9/28/15
Technology *(Tech assistance is always required)*

- Ticket Booth *(IMPORTANT Williamson Tech Director needs to know if needed)*
- Stage Lights
- Sound
- Screen
- DVD

**MIC Needs:**

- Audio
  - (4 body Mics available/4 Handheld Mics available at once)
- Video *(IMPORTANT* Please contact the Williamson Tech Director if recording.*)

**Network Access**

- Computer *(Please specify needs)* MAC/PC, Purpose of the Computer: