



OSU Conference Services

Oregon State University
 100 LaSells Stewart Center
 Corvallis, Oregon 97331
 T 541-737-9300 | F 541-737-9315

Today's Date _____

Concert & Rehearsal Checklist:

Event Name: _____
 Contact Name: _____
 Concert Date: _____

Event Number: _____
 Phone Number: _____
 FAX Number: _____
 E-Mail Address: _____

Rehearsal Information

	Date	Time In Building	Start Time of Event	End Time of Event	Time Out Building
1.	_____	_____ am / pm	_____ am / pm	_____ am / pm	_____ am / pm
2.	_____	_____ am / pm	_____ am / pm	_____ am / pm	_____ am / pm
3.	_____	_____ am / pm	_____ am / pm	_____ am / pm	_____ am / pm

Concert Information

Arrival Time: _____ am / pm

Ticket Booth/ Table Opens	Doors Open	Show Start Time	Intermission Start	Duration	Show End Time	Out of Building
_____ am / pm	_____ am / pm	_____ am / pm	_____ am / pm	<input type="checkbox"/> 10 Min. <input type="checkbox"/> 15 Min. <input type="checkbox"/> 20 Min.	_____ am / pm	_____ am / pm

Additional Rooms Needed: Dressing Ag Production Ag Leaders Ag Science Weyerhaeuser
 Construction & Engineering Hall Wells Fargo Bank Myrtle Tree Alcove

Tickets

Note: LSC requires **18 tickets** for our use delivered at least two (2) weeks before the performance. Delivered

Date tickets will go on sale: _____

For Information, Call: _____ Web Information/Tickets: www._____

Ticket Outlets		Ticket Prices	Seating	Ushers Will:
<input type="checkbox"/> At Door	<input type="checkbox"/> Rices	\$ _____	<input type="checkbox"/> General	<input type="checkbox"/> Take Tickets
<input type="checkbox"/> Emporium	<input type="checkbox"/> Sid Stevens	\$ _____	<input type="checkbox"/> Student	<input type="checkbox"/> Tear Tickets
<input type="checkbox"/> Grassroots	<input type="checkbox"/> Gracewinds	\$ _____	<input type="checkbox"/> Senior	<input type="checkbox"/> Check & Return
<input type="checkbox"/> Safeway	<input type="checkbox"/> Fastixx	\$ _____	<input type="checkbox"/> Children	Anticipated Attendance: _____
<input type="checkbox"/> Scandinavian Trading Co		\$ _____	<input type="checkbox"/> _____	* NOTE: Admission events include those events that charge attendees for lunch or materials, or receive free will offerings.
<input type="checkbox"/> _____		\$ -0-	<input type="checkbox"/> Free *	

Ushers

Own Ushers: Contact Name: _____ E-Mail Address: _____
 LSC Ushers: Number of Ushers: _____ Phone Number: _____
 Late Comers: Do Not Allow Detain Until Break Allow into House Allow into Balcony
 Audience Recording: Allow Restrict Enforced by: _____
 Reception: Location & Time: _____

Rehearsal Crew / Staffing Information

Staging Information

Main Stage Curtain: Open Closed Cued Other: _____

Acoustical Sound Tower Location: (See Page 4) Chamber 1/4 Stage 1/2 Stage 3/4 Stage
 Full Stage Full Side Hidden

Musical Equipment

Equipment: Bosendorfer Yamaha Bass Drum Timpani (4)
Tuning: Piano Tuned Piano NOT Tuned

Staging Equipment

Platform:	Orchestra:	Choir:	Tables:
<input type="checkbox"/> # _____ 8' x' 12'	<input type="checkbox"/> Conductor's Podium	<input type="checkbox"/> # _____ Risers	<input type="checkbox"/> # _____ StR Wing
<input type="checkbox"/> # _____ 5' x' 8'	<input type="checkbox"/> # _____ Chairs	<input type="checkbox"/> # _____ Shell	<input type="checkbox"/> # _____ StL Wing
<input type="checkbox"/> # _____ 3' x' 5'	<input type="checkbox"/> # _____ Music Stands		
<input type="checkbox"/> Other _____			

KEY: SR / SC / SL
Stage Right / Stage Center / Stage Left

Visual Equipment

Slide Projector Overhead VHS Video Camera
 LCD Projector Project Screen (30' x 23')
 Other: _____

Sound Equipment

	SR	SC	SL	Additional Information	<input type="checkbox"/> Floor Monitor
Podium	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/> P / A System
Wired Mic.	<input type="checkbox"/> #_____	<input type="checkbox"/> #_____	<input type="checkbox"/> #_____	_____	<input type="checkbox"/> CD Player
Wireless Mic.	<input type="checkbox"/> #_____	<input type="checkbox"/> #_____	<input type="checkbox"/> #_____	_____	<input type="checkbox"/> Audio Tape Player
Lavaliere Mic	<input type="checkbox"/>				<input type="checkbox"/> Press Audio Feed
Other	<input type="checkbox"/>				

Headsets Locations

Stage Mgr. Sta. SL Stack Orchestra Pit Front Row
 Back Row Row J A / V Booth Light Board Follow Spot

Lighting Information

Podium Special # _____ Follow Spot(s) Standard White Wash 2 3 Color Wash
 Gobos # _____ Stage Special(s) 1/4 Stage
 Other _____ 1/2 Stage
Please indicate colors below.
 3/4 Stage
 Full Stage

1. _____
2. _____
3. _____

Notes:

Stage Manager A / V Operator Sound Tech Light Tech Security _____ am / pm
 House Manager Camera Operator Security _____ am / pm
Crew Call: _____ am / pm

Stagehands: # _____ Load In
 # _____ Rehearsal
 # _____ Load Out

Outside Labor / Equipment Information (recording, sound, music)

Company Name: _____

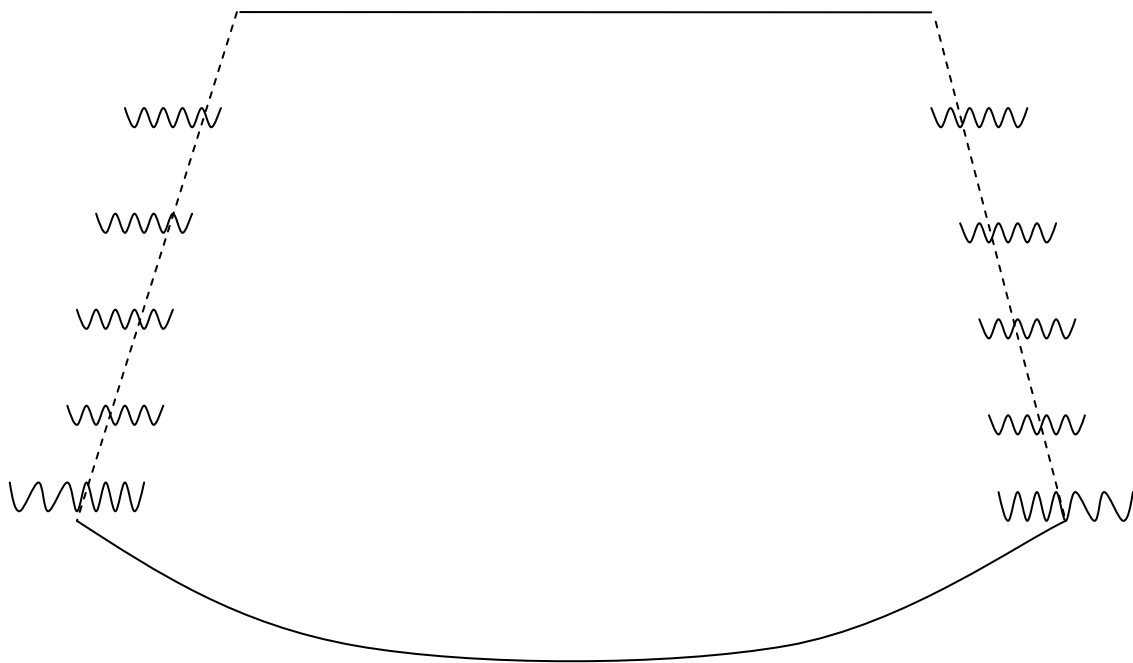
Contact Person: _____ Contact Phone: _____

Brief description of services provided: _____

Austin Stage Layout

Please indicate acoustical sound towers and equipment placement

SR SC SL



Notes:

KEY:
Δ =
X =
O =
\hat{I} =

