

# Event Information Form

Please complete and return to the Auditorium least two weeks prior to your first rental date.

Phone: 250-721-8512 Fax: 250-721-8997 Email: mfig@uvic.ca

Please visit [www.auditorium.uvic.ca](http://www.auditorium.uvic.ca) for a complete listing of the Auditorium's equipment and systems.

You will also find drawings of the seating, stage, lobby, backstage areas, and lighting plot on our website.

Please let us know as much about your event as you are able. The more we know about what you want, need and expect in advance, the better able we will be to meet those expectations. Last minute requests may not be met.

We host 180+ events per year, please use us as a resource.

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Organization: \_\_\_\_\_

Event Title: \_\_\_\_\_

Event Contact - the person who will be on-site and in-charge of the event through the rental period(s):

Name : \_\_\_\_\_ Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_ Fax: \_\_\_\_\_

Event Stage Manager - the person who will be on-site and in-charge of the running/operation of the event:

Name : \_\_\_\_\_ Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_ Fax: \_\_\_\_\_

## EVENT & REHEARSAL DETAILS:

A. Date of Event: \_\_\_\_\_ Load-in time: \_\_\_\_\_  
Event Start Time: \_\_\_\_\_ Length of Event: \_\_\_\_\_ Intermission?: Yes \_\_\_ Length: \_\_\_\_\_ No

B. Date of Event: \_\_\_\_\_ Load-in time: \_\_\_\_\_  
Event Start Time: \_\_\_\_\_ Length of Event: \_\_\_\_\_ Intermission?: Yes \_\_\_ Length: \_\_\_\_\_ No

C. Date of Event: \_\_\_\_\_ Load-in time: \_\_\_\_\_  
Event Start Time: \_\_\_\_\_ Length of Event: \_\_\_\_\_ Intermission?: Yes \_\_\_ Length: \_\_\_\_\_ No

1. Date of Rehearsal: \_\_\_\_\_ Building Entry At: \_\_\_\_\_ Reh. From: \_\_\_\_\_ to \_\_\_\_\_

2. Date of Rehearsal: \_\_\_\_\_ Building Entry At: \_\_\_\_\_ Reh. From: \_\_\_\_\_ to \_\_\_\_\_

3. Date of Rehearsal: \_\_\_\_\_ Building Entry At: \_\_\_\_\_ Reh. From: \_\_\_\_\_ to \_\_\_\_\_

4. Date of Rehearsal: \_\_\_\_\_ Building Entry At: \_\_\_\_\_ Reh. From: \_\_\_\_\_ to \_\_\_\_\_

Rehearsals which will have invited guests in attendance (1 - 4): \_\_\_\_\_ # of Guests: \_\_\_\_\_

Are media expected to attend? (1 - 4 &/or A - C): \_\_\_\_\_

Latecomers' Call / Procedure: \_\_\_\_\_

Production Schedule:	Dates	Times
Load-In & Stage Set-up:	_____	_____ to _____
Sound Set-up:	_____	_____ to _____
Sound Check / Levels:	_____	_____ to _____
Lighting Hang / Focus:	_____	_____ to _____
Lighting Levels / Cues:	_____	_____ to _____
On-Stage Rehearsal:	_____	_____ to _____
Lobby Set-up:	_____	_____ to _____
Strike / Load-Out:	_____	_____ to _____
Other Scheduling Notes:	_____	

LIGHTING

Theatrical lighting supplied by: Venue:   yes                   and/or   Outside Source:   yes           no

If outside source, name of lighting company:

Phone:

STAGE Note the location of items on Ground Plan

Conductor's Podium: yes

**If "Yes", contact University Food Services immediately at 250-721-8603.**

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