

CAMDEN OPERA HOUSE LOGISTICS PLANNER

ORGANIZATION INFO:

Name of Organization: _____

Contact Person: _____

Phone # _____

e-mail : _____

Fax # _____

Name of Event: _____

Date of Event: _____

Times:

Start: _____

End: _____

Approx. # of guests: _____

Additional Info:

SET-UP INFO:

Area Used (circle): Auditorium

Tucker Room

Washington Street CR

Third Fl.

Type of event (circle):

Meeting

Performance

Wedding

Other

Details: _____

Equipment:

podium

microphone(s)

screen

easel(s)

A/V cart

table(s)

chair(s)

trash cans

other

Details: _____

Will you be serving food? Y / N

Do you need the lobby for registration? Y / N

Caterer name = _____

phone # _____

Will you allow photography during the event/performance? Y / N

Can you provide posters / signage? Y / N

Intermission? Y / N

Length/Time _____

Ticket/Promotional Info:

Stage / Lighting / Sound info:

Piano? _____

Remove seats for wheelchairs? Y / N

How many: _____

Thrust: _____

DAY/NIGHT OF EVENT:

Authorized Contact Person: _____

of Staff/Participants _____

Arrival/load-in time: _____

Additional Info:

OFFICE USE:

Keys issued: _____

Returned: _____

EM= _____

other: _____