

## PERFORMANCE SITE QUESTIONNAIRE

Please complete and return this form as soon as possible for an upcoming BYUI performance. Date completed: \_\_\_\_\_

Name of Performance Site \_\_\_\_\_

Name of Owner or Institution \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State/Country \_\_\_\_\_ Post Code \_\_\_\_\_

Building Type  Auditorium  Gymnasium  Ballroom  Other \_\_\_\_\_

Facility Manager \_\_\_\_\_ Title \_\_\_\_\_

Technical Contact \_\_\_\_\_ Title \_\_\_\_\_

Telephones Office (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

E-mail \_\_\_\_\_ Web site: \_\_\_\_\_

### GENERAL FACILITY INFORMATION

1. Seating Capacity: Main Floor \_\_\_\_\_ + Balcony \_\_\_\_\_ = Total seats \_\_\_\_\_

2. Orchestra Pit  Yes  No Pit Raises/lowers?  Yes  No Pit can be covered/uncovered?  Yes  No

3. Crossover  Behind Traveler/Cyc  Hallway behind stage  Under stage  Other \_\_\_\_\_  None

4. Stage Floor  Smooth  Rough/cracks  Wood  Cement  Carpeted  Tile  Raked

5. Dance floor available  Yes  No Sound shell  Yes  No Choral risers  Yes  No

6. Piano  Grand  Upright Make/Model \_\_\_\_\_

7. Load-in  Ground Level  Stairs  Directly On Stage  Loading Dock  Elevator

Dock Height \_\_\_\_\_ Comments regarding load-in: \_\_\_\_\_

8. Union crew required  Yes  No Are product sales allowed in the lobby?  Yes  No

Comments: \_\_\_\_\_

### DRESSING ROOMS

1. Type and Capacity Small: \_\_\_ rooms for \_\_\_ people each // Large: \_\_\_ rooms for \_\_\_ people each

Green Room/Additional Spaces: \_\_\_ rooms for \_\_\_ people each

2. Describe Location \_\_\_\_\_

3. Equipped with  Mirrors  Make-up Lights  Sinks  Toilets  AC/Heat

Costume Racks # Portable Costume Racks \_\_\_\_\_

### STAGE RIGGING

1. Fly System  Counterweight  Hemp  Other \_\_\_\_\_  None Maximum Available Battens \_\_\_\_\_

2. House Curtain  Fly  Draw Color \_\_\_\_\_ Material \_\_\_\_\_

3. Cyclorama  Yes  No Color \_\_\_\_\_ Back Curtain Color \_\_\_\_\_

### SOUND SYSTEM

1. Sound Control Location  Booth  In House Behind Glass  Yes  No

Please give an objective opinion of your house sound system \_\_\_\_\_

2. Intercom  Yes  No Brand/Type \_\_\_\_\_

**LIGHTING SYSTEM**

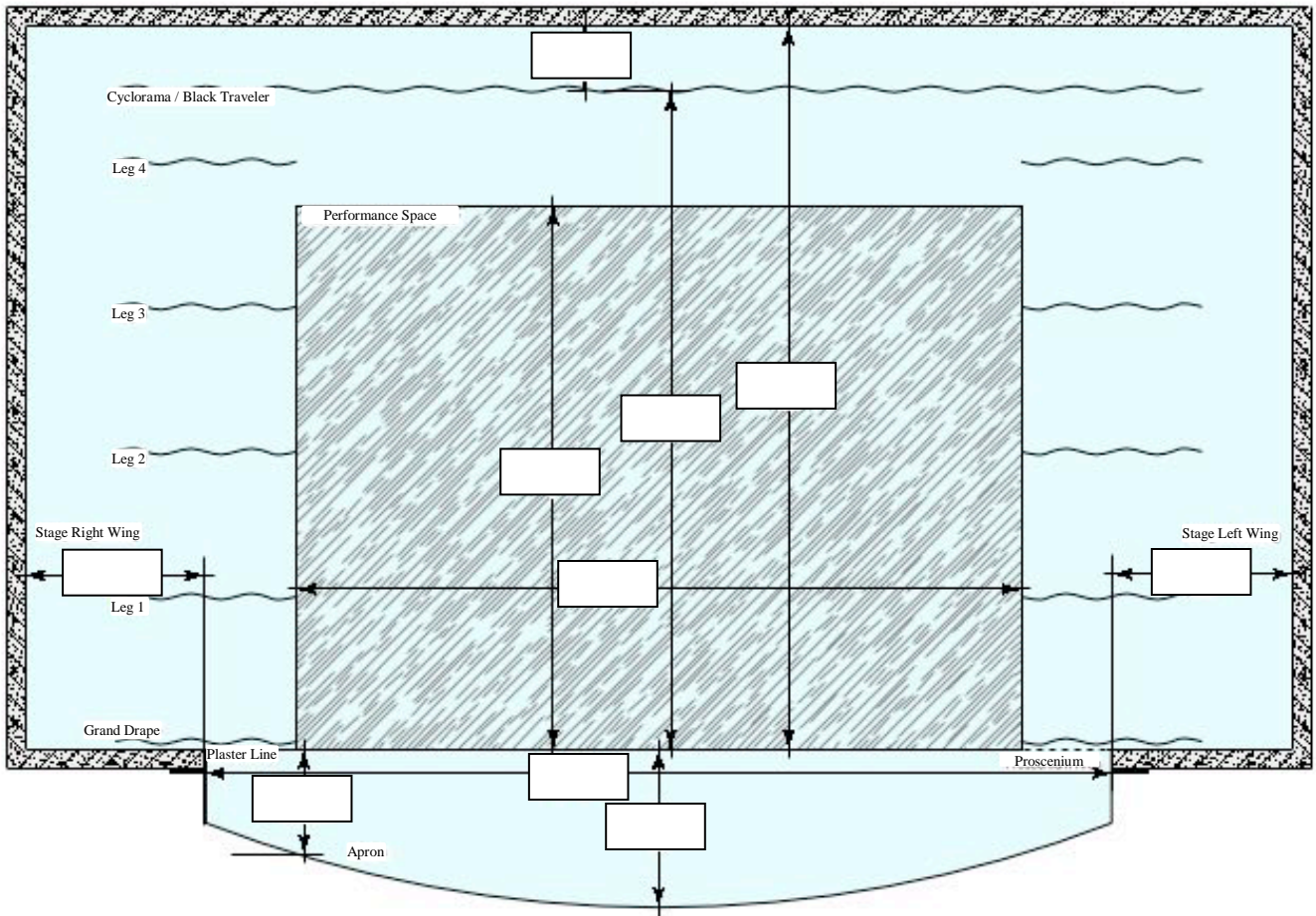
1. Lighting Control Board Brand/Model \_\_\_\_\_  
 Control Board Location  Booth/Front of House  Backstage  Side of House  Other \_\_\_\_\_
2. Electrics # \_\_\_\_\_ Front Wash  1 Color  2 Color  3 Color Lights Can be Refocused  Yes  No
2. House Plot Available  Yes  No
2. Electrical Connectors  Stage pin  15 amp twist lock  20 amp twist lock  Edison (regular household)  
 Other (please describe) \_\_\_\_\_
3. Followspots # \_\_\_\_\_  HMI  Xenon  Trouperette Brand/wattage \_\_\_\_\_  
 Location  Booth  Balcony  FOH / Rear of audience  Catwalk above  Other \_\_\_\_\_

**ELECTRICAL SYSTEM**

Stage/Road Power Panel Available  Yes  No Volts \_\_\_\_\_ Amps \_\_\_\_\_ 3 Phase 5 Wire  Yes  No

If there is anything unusual, special, or unique about this facility that has not been covered above, please share that Information here: \_\_\_\_\_

Please attach a stage diagram or write in measurements on the template below:



Send this form, travel directions to the facility, and any other printed diagrams or information about this location to Performance Tours, at the address listed below.