

Eccles Center for the Performing Arts
Scheduling of Events Form

Please note: All scheduling of Events must be approved by both Kathleen Hansen and Eryn Oft **two weeks** prior to start of rehearsals.

If sharing a concert each Conductor or Event Planner needs to fill out a scheduling form for their portion of the event.

Today's Date: _____ Desired Event Date: _____

Event: _____ Ensemble: _____

Conductor/Event Planner: _____ Phone: _____

Email: _____ Anticipated Attendance: _____

Rehearsal or Concert:	Date Requested	Start time and End Time
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

Payment for rental of facility must be paid by the date of the first rehearsal.

Usage Fee: _____ Method of Payment: _____ Date Paid: _____

Cancellations require a 48 hour notice or a fee will be applied.

Stage Technicians Assigned: _____

Recording Technicians: _____ Fee: _____

Condition of Hall, Backstage and Equipment after the event: _____

If the facilities or equipment are damaged during the rental, charges will be applied.

Applicants Signature: _____ Date: _____

Music Facilities Director Signature: _____ Date: _____

Equipment Required:

Lights:_____ Sound:_____ Piano:_____ Number of Risers:_____
Number of Chairs:_____ Number of Music Stands:_____

If you require assistance with the stage set up please draw a diagram of the stage set up below.

Stage Rear

Stage Front

Please note additional needs: (i.e. multimedia, sound or lighting).
