



PRODUCTION SCHEDULE OF REQUIREMENTS

Please fill in this form accurately & legibly.

Company Name*:																					
Physical Address*:																					
Contact Person*:																					
Contact Information*:	Tel: Fax: Cell: Address: Email Address: Web Address (optional): _____																				
Director*:																					
Identity Number*:	<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td> </tr> </table>																				
Stage Manager*:																					
Name of production*:																					
Total number of cast members:																					
Brief synopsis*:																					
SNVL Ratings*:																					
Venue:																					
Performance dates:																					

Times:	
Duration*:	
Interval duration*:	
Ticket Price:	
Discounts/concessions:	
Set/Stage Requirements:	
Lighting Requirements*:	
Sound Requirements*: (please list)	
Get-in period and set up:	
Rehearsal requirements*:	
FOH:	
Security:	

Other Info/Requirements:

CLIENT SIGNATURE

DATE