

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*:	
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