

**UNIVERSITY OF RHODE ISLAND – Department of Music
Concert Hall Pre-Production Form**

Event Title: _____ Date: _____

Time: _____ Duration: _____

Name: _____ Email: _____

Faculty Sponsor: _____ Email: _____

General Stage Set-up

Number of Chairs in largest set up _____ Number of Stands in largest set up _____

Sound Shells: Yes _____ No _____ Set-up options: Standard _____ Sideways _____ Floor _____

Piano: Yes _____ No _____ (You are expected to provide your own page turner.)

Projector and screen: Yes _____ No _____

Sound Reinforcement

Talking Mic: Yes _____ No _____

Additional Microphones: Yes _____ No _____ Number of Mics: _____

Monitors: Yes _____ No _____

Recording (Audio and video will be recorded for all events, and will be shared with the music library)

Would you like the files to be shared with you via email? Yes _____ No _____

Lighting

Describe any preferred colors or lighting moods: _____

Miscellaneous

Will there be an encore? Yes _____ No _____

Will C100 be used for rehearsal/warm-up/storage? Yes _____ No _____

Service Table? Yes _____ No _____

Are there any other specific requests? _____

Please put in the Concert Hall Manager's Mailbox in the Mail Room.

Please indicate any set changes during the concert – mark stands as “_” and chairs as “x”

