STAGE MANAGEMENT FORM

Date of Performance: Time of Rehearsal: Rehearsal Order Number:

Performance Order Number:

Office Use Only

Due By Wednesday 8 August 2018:	Please scan & send via email,
no jpegs as this is hard to read for th	he technicians.

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SCHOOL		L	
GROUP NAME			
ITEM NAME			
NUMBER OF PERFORMERS			
TRACK LENGTH			
STAGE AND PROP INFORMATION			
Do you have any handheld/small props that are carried by your dancers?		YES	NO
Do you have any props that need to be performance begins? It is recommended that Sets are not		YES	NO
Do you need access to the Loading Doc	k at PCEC?	YES	NO
Do ALL of your dancers begin onstage during a blackout?		YES	NO
Do you have any costume changes backstage?		YES	NO
Does your performance include any tap	dancing?	YES	NO
Do lights and sound start at the same ti If no please detail when each will begin	me?	YES	NO

CUE #	Description of Lighting State/Colour	Fade Time	Music Cue Time	Action Cue
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

No follow spot or projections are available for this event

Please Note: Maximum Lighting Cues: 10 for Secondary, 8 for Primary,

I acknowledge I have read all information provided in the Dance Package:

Signed:	