



Production Service Request

Please fill out the following information about your Event

Event Name: _____ Date: _____ Time: _____

Location: _____ Estimated attendance: _____

Contact Information

Name of Group or Organization: _____

Name of Event Organizer: _____ Phone: _____

Email of event organizer: _____

Day of show contact, Name: _____ Phone: _____

Email address: _____

Services Requested: Please Circle Yes or No next to any of the services below that you will require for your event. Many services have an individual cost, for example, rental of a follow spot incurs an additional cost to that of a lighting package.

- | | |
|----------------------------|-------------------------------|
| Large Sound System: Y / N | Full Lighting Package: Y / N |
| Medium Sound System Y / N | Small Lighting Package Y / N |
| Small Sound System Y / N | Follow Spotlight Y / N |
| Wireless Mics Y / N | Video Projector Y / N |
| Backline of any sort Y / N | Large Projection Screen Y / N |
| | Moving Lights Y / N |

Additional Requests: Please list any additional requests you may have, or comments, questions, or concerns on the back of this sheet.

Please note that completion of this form does not in any way represent a contract or agreement between Program Council or the University of Colorado and another party to provide any service or equipment. A representative of Program Council will contact the purchaser to agree on financial details, and specific requests following the submission of this form.