



Production Service Request

**Please fill out the following information about your Event and return this form to the Program Council office, UMC room 401.**

Event Name: \_\_\_\_\_ Event Date: \_\_\_\_\_  
Sound Check Time (if needed): \_\_\_\_\_ Event Start Time: \_\_\_\_\_ End 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 provide us with the equipment specifications that you think you will need for your event. We can explain/ work around these packages to better fit your specific needs.

Type	#	Type	#
(A) Large Sound System	Y / N	Full Lighting Package	Y / N
(B) Medium Sound System	Y / N	Small Lighting Package	Y / N
(C) Small Sound System	Y / N	Follow Spotlight	Y / N
Wireless Mics	Y / N _____	Moving Lights	Y / N _____
Stage Monitors	Y / N _____	Video Projector	Y / N _____
Backline (include description below)	Y / N	Large Projection Screen	Y / N _____
Monitor Mix (not required w/monitors)	Y / N	(If your event is within the UMC, please rent projection equipment from UMC Events Planning and Catering)	

**Event Description:** Please briefly describe what is happening during your event.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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.