

***EVENT QUESTIONNAIRE***

Promoter/presenter: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of Event: \_\_\_\_\_ Date: \_\_\_\_\_

Facility: (Circle all that apply) HCH HCH LOBBY HCH GREEN RM JBT JBT LOBBY BBT

*Staging Requirements:* \_\_\_\_\_

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

*Lighting Requirements:* \_\_\_\_\_

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

*Sound Requirements:* \_\_\_\_\_

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

*Lobby Requirements:* \_\_\_\_\_

\_\_\_\_\_

*Security Requirements:* \_\_\_\_\_

\_\_\_\_\_

*Food Service Requirements:* \_\_\_\_\_

\_\_\_\_\_

*Merchandising Requirements:* \_\_\_\_\_

\_\_\_\_\_

*Box Office Requirements:* \_\_\_\_\_

\_\_\_\_\_