

## Visiting Hire Requirements Form



### Production / Event Details

Company Name:	
Production / Event Name:	
Production / Events Dates:	
Get In Date & Time:	
Get Out Date & Time:	
Production Start Time:	
Production Running Time:	
Interval:	Y/N
Interval Length:	

### Company Contact Details

#### Main contact

Name:	
Position:	
Telephone:	
Email:	

#### Technical contact (production manager/technician etc)

Name:	
Position:	
Telephone:	
Email:	

#### Technical

	<b>Included in each room</b>	<b>Are the listed features sufficient for your event?</b>
Sound	Wireless Microphone Audio Playback (MP3, etc)	Yes / No
Lighting	Basic Coloured Washes General House Lights	Yes / No
Audio Visual	Projection or TV Display	Yes / No
Technician	Induction to venue and equipment	Yes / No

**Show Operation**

Do you require an operator for your production? Yes / No

If yes which is most appropriate for your event:

	Tick Appropriate
Tour with your own operator	
Require a venue technician to operate which will be cued by your staff	
Require a venue technician to operate*	

\*Our technicians will not operate for scripted productions without being cued, but can do general cues i.e. lights up & down at start and end

**Production Content**

Use of Weapons (including dummies and replicas that don't fire): Yes / No

Large amounts of water: Yes / No

Live animals: Yes / No

Children: Yes / No

\*Yes to any of the above will initiate contact from our Performing Arts Centre Manager

**Please note that 1532 Performing Arts Centre operates a no smoking policy both on stage and off.  
We cannot support naked flames of any kind.**

**Set Details**

Please provide details of toured set including information on fireproofing.

Please notify us if you expect the venue to provide any items or equipment.

**Box Office**

Do you require us to sell tickets for your event\*: Yes / No

\*We use Oscar (Savoy Systems) and take 10% of ticket sales for this service.

**Bar**

Would you like the bar open for your event\*: Yes / No

\*We staff and operate bar and retain revenue.

For health and safety purposes sufficient FOH staff / ushers we will provide this unless you state otherwise.

**Name:**

**Signed:**

**Date:**