

## Event Information Questionnaire

Thank you for your interest in having your event at the Cerritos Center for the Performing Arts. In preparation for our first meeting regarding your event, we ask that you read and complete this questionnaire. The questionnaire has been developed so that we may assist you in the planning of your event and provide you with an estimate of fees and expenses.

### GENERAL EVENT INFORMATION

|  |                             |   |
|--|-----------------------------|---|
| Producer of Event: _____                       |                             |   |
| Address: _____                                 |                             |   |
| Phone: Day: (    ) _____                       | Eve: (    ) _____           | Fax: (    ) _____                           |
| EMAIL: _____                                   |                             |   |
| Proposed Event Name: _____                     |                             |   |
| Brief Description of Event:<br><br><br><br>    |                             |   |
| Proposed Date(s) of Event:                     |                             |   |
| Performance(s):                                | Date(s): _____              | Time(s): _____                              |
| Rehearsal(s):                                  | Date(s): _____              | Time(s): _____                              |
| Have you produced this or other events before? | <input type="checkbox"/> No | <input type="checkbox"/> Yes~ Where?: _____ |

### THEATER & STAGE CONFIGURATION (Before receiving a quote for your event, you must talk to the Center's Technical Coordinator)

|   |  |
|---|--|
| Theater Configuration Desired:  |  |
| Will you require an orchestra pit for musicians? (Available for Lyric configuration only)       | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| Will you need stairs from the house (audience) up on to the stage?                              | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| Will you require the use of the Main Curtain? (Available for Lyric & Drama configurations only) | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| Please describe your general stage set-up:<br><br><br><br><br><br><br>                          |  |

**GENERAL PRODUCTION SCHEDULE**

In order to provide you with an accurate estimate, we need to know your general production schedule.

|                 | Date  | Start Time | End Time |
|-----------------|-------|------------|----------|
| Load-In/Set-up  | _____ | _____      | _____    |
| Rehearsal       | _____ | _____      | _____    |
| Performance(s)  | _____ | _____      | _____    |
| Strike/Load-out | _____ | _____      | _____    |

**EVENT PERSONNEL INFORMATION**

Please provide the following contact information:

|   | Name  | Phone Number |
|---|-------|--------------|
| <b>Primary Producer</b><br>(person in charge of overall event)                    | _____ | (    ) _____ |
| EMAIL:  | _____ |              |
| <b>Production Manager</b><br>(person in charge of all technical aspects of event) | _____ | (    ) _____ |
| EMAIL:  | _____ |              |
| <b>Ticket Office Contact</b><br>(person in charge of ticketing)                   | _____ | (    ) _____ |
| EMAIL:  | _____ |              |

NOTE: Email addresses are for internal use only and will not be given out.

How many people will be on stage during the event: (Total number of participants/performers)?

Generally, what ages are the event participants/performers (if minors)?

**BACKSTAGE/DRESSING ROOM INFORMATION**

The Center has a total of 10 dressing rooms backstage. Room assignments are at your discretion. The Green Room is a common area adjacent to the dressing rooms. Access for event participants/performers is through the Stage Door on the south side of the building. **Please provide event participants and performers with passes or give Center Security staff a list of event participants/performers to authorize their backstage access.**

**SECURITY**

The Center will provide required security personnel on duty at all times.

Do you have any special security needs or concerns regarding your event?  No     Yes

If yes, please describe:

**TECHNICAL REQUIREMENTS**

**LIGHTING:** Briefly describe your lighting needs for the stage:  
(i.e. "A general wash of lighting on the stage in three colors with some special lights focused in certain areas.")

Contact Name: Phone #: ( )

Will you need followspots?  No  Yes If yes, how many?

**STAGE SET-UP:** Briefly describe your stage set-up for your event:  
(i.e. "Stage set for a 5 piece band with risers for the drum set.")

Contact Name: Phone #: ( )

**SOUND/ VIDEO:** Briefly describe your sound needs for your event:  
(i.e. "Microphones and monitor speakers for a 5 piece band and three microphones on stands for singers.")

Contact Name: Phone #: ( )

**RECORDING:**

Video Recording  
 Yes, we plan to have the event recorded on video.

Audio Recording  
 Yes, we plan to have the event recorded on audio.



