

Stage Manager's Report

Stage Manager Information:

First Name: _____ Last Name: _____

Venue: _____ Event Type: _____

Event Name: _____ **Date of Event:** _____

Crew Clock In Time: _____ Crew Clock Out Time: _____

Sponser Information:

First Name: _____ Last Name: _____

Organization Name: _____

Lighting Information:

Choose the number of lamps used: _____ Number of lamps for other lighting _____

Number of Hours: _____ How many Followspots were used? _____ How many sheets of gel were used? _____

Sound Information: Select any equipment that was used:

- | | |
|--|---|
| <input type="checkbox"/> CD Burner/Recorder | <input type="checkbox"/> DAT Recorder |
| <input type="checkbox"/> CD Player | <input type="checkbox"/> Solid State Recorder |
| <input type="checkbox"/> Wired Microphones How Many? _____ | <input type="checkbox"/> Effects Processor |
| <input type="checkbox"/> Wireless Microphones? How Many? _____ | <input type="checkbox"/> Sound Monitors How Many? _____ |

Stage Equipment: Select any equipment that was used:

- | | |
|---|---|
| <input type="checkbox"/> Steinway Piano | <input type="checkbox"/> Baldwin Piano |
| <input type="checkbox"/> Organ | <input type="checkbox"/> Cyclorama |
| <input type="checkbox"/> Scrim | <input type="checkbox"/> Speaking Podium |
| <input type="checkbox"/> Projection Screen | <input type="checkbox"/> Projector |
| <input type="checkbox"/> Dance Floor | <input type="checkbox"/> Tables (On Stage, In House and In Lobby) How Many? _____ |
| <input type="checkbox"/> Gaff Tape (by roll) How Many Rolls _____ | Audience Count for Non-ticketed _____ |

All Doors Secured? _____ All stage and house lights turned off and nightlight and ghost lights turn on? _____

All Keys Returned to Lockbox? _____ Setup completed for next event (<http://www.nau.edu/reservations>) _____

Any comments or problems?
