Susan Stein Shiva Theater
Production Meeting Checklist

SHOW: ____________________________ SPONSOR: ____________________________

DIRECTOR: ____________________________ EXT: ______
STAGE MANAGER: ____________________________ EXT: ______
TECH DIRECTOR: ____________________________ EXT: ______
SET DESIGNER: ____________________________ EXT: ______
LIGHTING DESIGNER: ____________________________ EXT: ______
SOUND DESIGNER: ____________________________ EXT: ______

PERFORMANCE DATES & TIMES: ____________________________
APPROX. LENGTH OF SHOW: ________ CALL TIME: ________ SEATING CAPACITY: ________
KEY PERMISSION (3 PEOPLE): __________________________________________________

People for helping with the 4pm riser set up the Wednesday before your show:
NAME: ____________________________ EXT: ______
NAME: ____________________________ EXT: ______

People helping with the 12 noon riser take down the Sunday after your show:
NAME: ____________________________ EXT: ______
NAME: ____________________________ EXT: ______

Would you like the INFO desk to take reservations for your show? YES / NO

-------------------------------------- DO NOT WRITE BELOW THIS LINE--------------------------------------