

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: _____

APROX. 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-----

This show has been approved for set and light designs appropriate for a theater of this type.

The theater has been inspected and approved for overall fire safety, life safety, and general liability concern.
