

PAC TECHNICAL RIDER



Production: _____

Sponsoring Organization: _____

Mailing Address: _____

Contact Person: _____

Contact Phone Number: _____

Contact Email: _____

(Non-Profit clients must provide proof) 501(c)(3) Status: Yes: _____ No: _____

(If Applicable) Rehearsal Date: _____

Arrival Time: _____ Departure Time: _____

Production\Performance Date: _____

Arrival Time: _____ Departure Time: _____

Performance Times Beginning: _____ Ending: _____

Doors Open: _____

Comments: _____

(CHECK IF NEEDED; *Upon Availability

REFER TO EQUIPMENT RENTAL RATES)

(CHECK ONE)

Main Curtain (Stage) _____

Mid-stage Traveler (Black) _____

Scrim (Black) _____

Cyclorama _____

Blackout Curtain _____

Follow Spots _____ Number of _____ (requires additional technicians)

Video Projector _____ (Fee Required)

Projection Screen _____ or on CYC _____

General Wash _____ or Special Cues _____

Personal Lift for Custom Lighting Focusing (Fee and operating technician)

