

REQUEST FOR QUOTE

Organization Name: _____

Address: _____ Fax: (____) _____ - _____

City: _____ State: _____ Zip: _____

Primary Contact: _____

Title: _____ Work Phone: (____) _____ - _____

Cell Phone: (____) _____ - _____ Email: _____

Performance Venue: _____

Primary Contact: _____ Title: _____

Address: _____ City: _____ State: _____ Zip: _____

Work Phone: (____) _____ - _____ Cell Phone: (____) _____ - _____ Fax: (____) _____ - _____

Venue Web site: _____

NEAREST MAJOR AIRPORT: _____

TYPE OF THEATRE: (check one) PROSCENIUM THRUST IN THE ROUND OUTDOOR

OTHER (explain) _____

Masking Height: _____ Proscenium Width: _____

Batten Out Trim / Mounting Steel Height _____

Length of pipe battens (or track length needed): _____

NAME OF SHOW: _____ Version: _____

Preferred Load-In Date: ____/____/____ Morning or Afternoon or Evening

First Performance Date: ____/____/____ Evening or Matinee

Last Performance Date: ____/____/____ Evening or Matinee

Do you require a technical flying director for the entire show run? **YES** or **NO**

Will equipment off-load from truck to a loading dock or to ground level? **Dock level** or **Ground level**

Describe specific flying effects desired and what characters will fly: _____

I understand this is not a contract, nor obligation of services. The above information is true to the best of my knowledge.

Print Name _____ Signature _____ Date _____