Event Information Form
Phone: (936) 294-1985  Fax: (936) 294-1913
E-mail: rca_elc@shsu.edu or shsujohnsoncoliseum@shsu.edu

Please answer the following questions:

1. Number of pre-registered participants as of    /   /    __________
2. How many pre-sale tickets were sold as of    /   /    __________
3. What time does your staff arrive?    __________ am/pm
4. What time will talent/team participants arrive?    __________ am/pm
5. What time does your load-in crew arrive?    __________ am/pm
6. What time will day-of-event ticket sales begin?    __________ am/pm
7. What time will doors open to the public?    __________ am/pm
8. What time does the event begin?    __________ am/pm
9. What time will ticket sales end?    __________ am/pm
10. What time does the event end?    __________ am/pm

Checklist:

A. Certificate of Insurance:    ________________
B. Event/Floor Diagram: (for set-up purposes)    ________________
C. Production Schedule or Schedule of Events:    ________________
D. Noise/Decibel Level Agreement:    ________________
E. Signed Lease Agreement:    ________________
F. Alcohol Request Form:    ________________
G. Hold Harmless Agreement:    ________________
H. Advertising Plan approved by Coliseum Representatives    ________________
I. Payment/Balance Due:    ________________

**Revised 1/28/19 PM**