



Event Information Form

Please complete and return to the Auditorium at least four weeks prior to your first rental date.

Phone: 250-721-8512 Email: farqproserv@uvic.ca

Please visit <https://www.uvic.ca/farquhar/venue-rental/technical/index.php> for a current listing of the Auditorium's equipment. There you will also find drawings of the seating, stage, lobby, backstage areas, and lighting plot. Please let us know as much about your event as you are able. The more we know about what you want, need and expect in advance the better able we will be to meet those expectations. Last minute requests may not be met. We host 200+ bookings per year, please use us as a resource. We are here to help.

Organization: _____

Event Title: _____

Event Contact - the person who will be on-site and in-charge of the event through the rental period(s):

Name: _____ **Email:** _____ **Phone:** _____

Event Stage Manager - the person who will be on-site and in-charge of the running/operation of the event:

Same As Above: _____ **or Name:** _____
Email: _____ **Phone:** _____

EVENT & REHEARSAL DETAILS:

A Date of Event: _____ **Venue Entry Time:** _____

Start Time: _____ **Length of Event:** _____ **Min. Intermission Y:** _____ **Min:** _____ **N:** _____

B Date of Event: _____ **Venue Entry Time:** _____

Start Time: _____ **Length of Event:** _____ **Min. Intermission Y:** _____ **Min:** _____ **N:** _____

C Date of Event: _____ **Venue Entry Time:** _____

Start Time: _____ **Length of Event:** _____ **Min. Intermission Y:** _____ **Min:** _____ **N:** _____

1 Rehearsal Date: _____ **Venue Entry Time:** _____

Rehearsal From: _____ **to:** _____

2 Rehearsal Date: _____ **Venue Entry Time:** _____

Rehearsal From: _____ **to:** _____

3 Rehearsal Date: _____ **Venue Entry Time:** _____

Rehearsal From: _____ **to:** _____

4 Rehearsal Date: _____ **Venue Entry Time:** _____

Rehearsal From: _____ **to:** _____

Rehearsals which will have invited guests in attendance (1 - 4): _____ **# Of Guests:** _____

Are Media Expected? (A-C or 1-4): **Y:** _____ **At:** _____ **N:** _____

Latecomers' Call / Procedure: _____

Recording Policy (Video, Audio, Photo) for PATRONS: _____

Recording Policy (Video, Audio, Photo) for MEDIA: _____

| SCHEDULE | Date(s) / Notes | Time From - To |
|-----------------------|-----------------|----------------|
| Load-In/Stage Set-up: | _____ | - _____ |
| Audio Set-up: | _____ | - _____ |
| Sound Check/Levels: | _____ | - _____ |
| Lighting Hang/Focus: | _____ | - _____ |
| Lighting Levels/Cues: | _____ | - _____ |
| On-Stage Rehearsal: | _____ | - _____ |
| Lobby Set-Up: | _____ | - _____ |
| Other: | _____ | - _____ |

LIGHTING

Standard (regular washes per the Auditorium's "House Hang): Y: N:
If "No" please elaborate:

Specials (specific placement and focusing): Y: N:

Areas are to be highlighted: _____

Other Lighting Notes:

PROJECTION

LCD Projection: Y: N:

Image Source(s): Computer: Y: N: Your's: Our's:

Other: _____

Audio from Projection Source?: Y: N:

Projection Notes:

AUDIO

Number of on-stage microphones: Vocal: _____ Instrument: _____

Number of off-stage microphones: Vocal: _____ Instrument: _____

What requires reinforcement?: _____

Are Question & Answer Microphones Required In The Audience Chamber?: Y: N:

Monitors: # of monitors: _____ # of separate monitor mixes: _____

Are speaker stacks required (in addition to the house system)? Y: N:

Audio Playback From: CD's: Y: N:

Computer: Y: N: Your's: Our's:

USB Stick: Y: N:

Other: Y: N: Source: _____

Steinway Concert Grand Piano: Y: For A-C or 1-4 (pg 1): _____ N:

Piano tuning: Y: For A-C or 1-4 (pg 1): _____ N:

Audio Notes:

RECORDING / STREAMING

Audio Recording of event "Archival": Y: N: By Us: By Other:

Audio Recording of event "Pro": Y: N: By Us: By Other:

Name of audio company coming in (if applicable): _____

Video Recording and/or Streaming: Recording: Y: N: By Us: By Other:

Streaming: Y: N: By Us: By Other:

Streaming Platform (if applicable). (Youtube, Facebook, Etc): _____

Name of record/stream company coming in (if applicable): _____

Please note that The Farquhar can do a One or Two Camera Record and/or Stream (for discussion)

Also note that Streaming Pay-Per-View is possible (again for discussion - part of ticketing set-up)

Record / Stream Notes:

STAGE

Conductor's Podium Y: N:
Chairs: Y: N: #: _____ The Farq has 80 orchestra chairs
Music Stands: Y: N: #: _____ The Farq has 50 music stands
Stools: Y: N: #: _____ The Farq has 6 stools
Risers: Y: N: The Farq has 12, 4' x 8' risers with interchangeable leg heights
Risers if "Y": #: _____ Risers at 8" high
#: _____ Risers at 16" high
#: _____ Risers at 24" high (24" risers require railings & a bit of additional time)
Lecterns: Y: N: # Lg: _____ # Sm: _____ The Farq has 2 Lg and 1 Sm
Tables: Y: N: 30"x72" #: _____ The Farq has 16 (shared with lobby)
24"x48" #: _____ The Farq has 5 (shared with lobby)
18"x30" #: _____ The Farq has 3

What are you bringing/need for the stage? (décor, set pieces, etc):

Stage Notes:

SPECIAL EFFECTS

Are Special Effects be used during the booking?: Y: N:
If "Y: Mirror Ball: Y: Open Flame: Y: Smoke: Y:
Hazer: Y: Pyrotechnics: Y: Confetti: Y:
Strobe: Y: Unicorns: Y: Ponies: Y:
Other: Y: Describe: _____

*** Please Note: some special effects require very specific permits and insurance coverage***

LOBBY / FOH / RECEPTION Please note that for some larger set-ups a site visit may be required regarding fire regulations

Closed Circuit Video Feed to Lobby TV: Y: N:
Event Slides to Lobby TV: Y: N:
Signage in the Lobby : Y: N: Describe: _____
Merchandising: Y: N: 15% of any on-site sales are billable

If books are to be included in merchandising contact The Farq *immediately*.

Tables: Y: N: 30"x72" #: _____ The Farq has 16 (shared with stage)
24"x48" #: _____ The Farq has 5 (shared with stage)

Chairs: Y: N: #: _____ The Lobby has 20 stacking chairs

Easels: Y: N: #: _____ The Lobby has 4

Display Walls: Y: N: #: _____ The Lobby has 2 display walls

Pre-Show Talk: Y: N: Location: _____ Start Time: _____

"Lobby/FOH" Notes:

Reception: Y: N: If "Yes", & are hoping to host it on-site contact the Farq Immediately

If "Yes": Location: _____ Start Time: _____

Number of Guests: _____

Bar: Y: N: If "Yes", contact the Farq Immediately

Catering: Y: N: Catering Company: _____

Invitations: Y: N:

Set-up Date: _____ Time: _____

Display Contractor: Y: N: Name: _____

Décor Contractor: Y: N: Name: _____

Florist: Y: N: Name: _____