

**Center for Student Involvement/Funds Allotment Council**

Event Details

(Note: Many of these will not be applicable for FAC funded events.)

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| **Event Program Details**  |
| **Name of Event: Location:**  Reservation Confirmation #:  |
| **Main Performer:** Slate section below | **Opening Performer:**  |
| **Date(s) of Event:**  | **Event Start Time:** Opening Act: Doors Open: Main Act: Question/Answer Session: |
| Length of Show: Number of Show(s):  | Set up Time: Sound Check Time:  |
| **Event Description:**  |

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| **Hotel and Transportation**  |
| **Hotel Paid by:** Truman State University or Performer(\*If Truman, you must complete a FAC Request for Funding form)**Arrangements to be made by:** Truman Funded Org or Performer | **Name of Hotel:** **Dates of Hotel Stay:****Phone number:****Number of Rooms per date:****Confirmation # (s):**  |
| **Transportation Paid by:** Truman State University PerformerReimbursement: yes no **Arrangements by:** Truman Funded Org or Performer | **Airline:** **Flight Number:** **Departure Airport: Dep. Time:****Arrival Airport: Arr. Time:** **Pick up Location:****Pick up Time:**  |
| **Circle University Vehicle to Use:** Car Mini Van Passenger Van  |  **Person to Drive Vehicle:**  \_\_\_ Staff \_\_\_ Faculty \_\_\_ Student  |

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| **Hospitality**  |
| **During Show Needs:**  |  **Dressing Room Requirements:**   |
| **Meals: yes or no** **Number of People:**  | **Meal Requirements:**  |

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| **Rider**  |
| **DPS Security:** **Student Security:**  | **Complimentary Items:**  |
| **Special Requirements:**  | **Liability:****Insurance:**  |
| **Parking:**  | **Other:**  |

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| **Production Information**  |
| **Stage Requirements:**  |
| **Sound and Lights:**  **\_\_\_ Included in artist’s fee \_\_\_ Truman State University Venue (BH)**  **----- To be supplied locally through a Production Company**  |
| **Truman State University Venue**  \_\_\_ Microphone \_\_\_ Mic Stand \_\_\_ Lapel Microphone \_\_\_ Laptop \_\_\_ Podium \_\_\_ Spot Light \_\_\_ Screen \_\_\_ Projector  \_\_\_ Stool \_\_\_ Beverage \_\_\_ Flip Chart \_\_\_ ChairAdditions:  |
| **To be supplied locally- List of Production Companies:** |

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| **TICKET and Merchandise INFORMATION** |
| **Student Price:**  | **General Admission:** |
| **Date Tickets Available** Student: GA:  |  **Projected Attendance:** **Gross Revenue sales:** Student: GA:  |
| Online Tickets? Yes \_\_\_\_\_ No \_\_\_\_\_ | Additional Info:  |

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| **PUBLICITY INFORMATION** |
| Copy Right Issues for Event:  | Posters Needed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| What publicity is to be used: \_\_\_\_ Posters \_\_\_\_ Handbills \_\_\_\_ Invitations ­­\_\_\_\_ Table Tents \_\_\_\_ Other |
| Other Publicity Planned (outside of Publications/Printing Services)Media Services: Press Passes:  |

Please attach any additional information that is vital to your event to this document. Please return this form to the CSI Program Advisor who you are working with.