



# Lighting Request/Design Form

Teacher: \_\_\_\_\_

Dance Name: \_\_\_\_\_

Dance Type: (ie, 6yrs jazz) \_\_\_\_\_

Circle: Act/Part 1 -or- Act/Part 2

Performance number: \_\_\_\_\_

**Feeling/Emotion of this Dance:** (ie, happy, sad, funky, upbeat)

Routine <b>STARTS</b>	ON -or- OFF
Routine <b>FINISHES</b>	ON -or- OFF
Routine Has <b>PROP</b>	YES -or- NO
Routine Has <b>Tag</b> (or Encore)	YES -or- NO      Description/Instructions: _____ _____
<b>Prop Description</b> and set up time needed (If applicable)	
<b>Lighting Color Request</b>	
<b>Gobo Request</b> (If applicable)	YES -or- NO      Gobo Description:
<b>Special Requests</b> (If possible)	<input type="checkbox"/> <b>Gobo</b> (see above description) <input type="checkbox"/> <b>Floor Shadows</b> Floor shadows Description: _____ <input type="checkbox"/> <b>Smoke Machine/Fog</b> When: _____ <input type="checkbox"/> <b>Snap to Black</b> at Ending      Routine Length/Ends at: _____ <input type="checkbox"/> <b>Curtain Pull Needed</b> Notes: _____ <input type="checkbox"/> <b>Disco Ball</b> Notes: _____ <input type="checkbox"/> <b>Strobe Lights</b> Notes: _____ <input type="checkbox"/> <b>Cyc Color Change</b> Time: _____ Notes: _____
<b>Other Special Instructions/Notes</b>	