



EVENT MANAGEMENT

Company:

Contact phone:

Contact email:

Event name:

Event description:

Event budget:

Event location:

Event date:

Other performers:

Expected crowd size:

Schedule of event /
set-list

DAY: MONTH: YEAR:

REQUIREMENTS

PYRO SHOW duration

LASER SHOW duration

Has this location hosted pyrotechnics event previously?

Yes No

Has land owner given permission for pyrotechnics?

Yes No

NOTES:

SOUND ENGINEER

Company:

Contact phone:

Contact email:

LIGHTING ENGINEER

Company:

Contact phone:

Contact email: