

**Washoe County Regional Parks and Open Space
Robert Z. Hawkins Amphitheater**

Performance Questionnaire

Performing Group: _____

Mailing Address: _____ Phone: _____

Contact Person: _____ Phone: (w) _____ Phone: (c) _____

Alternate Contact: _____ Phone: (w) _____ Phone: (c) _____

Stage Manager: _____ Phone: (w) _____ Phone: (c) _____

Date(s) of Performance: _____

Time Facility Needed: _____ Time Parking Begins: _____

Time Gates Open: _____ Time of Performance Begins: _____

Time Performance Ends (10:00 pm max.): _____

Time Facility Vacated (2 hours past performance 12:00am max.): _____

Rehearsal Date(s): _____ Start Time: _____ End Time (10pm max.): _____

Date and time sets/props will be delivered? _____ Picked up? _____

Will you be selling tickets? Yes No Ticket Prices _____

Ticketing website: _____ Phone: _____

How many people are expected? _____

When and where will tickets be sold? _____

Ticket inquires should be referred to what phone number? _____

Will you require areas outside the seating/stage area? _____

Please specify, and for what purpose _____

Will you require tables and chairs? Yes No
(6 tables and 20 chairs available upon request)

Will food be served to the general public? Yes No

Contact Washoe County Health Department Environmental Health at (775) 328-2432 for necessary food permits.
If food is sold, contact Washoe County Planning Division, Business License & Code Enforcement at (775) 328-3733.

Please Note: Inside Amphitheater food and/or beverages are allowed only in Designated Areas.

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Performance Questionnaire - continued

Will alcoholic beverages be sold? Yes No

If yes, contact Washoe County Planning Division, Business License & Code at (775) 328-3733.

Will you require the sound and lighting system? Yes No

If yes, a sound & lighting technician will be required. Your group may not operate the system. Parks will provide you with the contact information for the County's contracted provider. Fees for sound & lighting are in addition to rental fees. The technician will provide an estimate.

Will your event be advertised to the public? Yes No

Security, parking, ushers and ticket takers may be required for your group depending on the size and type of event.

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Performance Information

Performer Information:

Name _____ Phone _____
Address _____ Cell # _____
_____ Fax # _____

Type of performance _____
Local hotel or motel _____

Sound and Lighting:

Sound and Lighting Contact _____ Phone # _____
Cell # _____

Stage setup/sound and lighting checks

Estimated time for sound and lighting (include rehearsals/sound and lighting checks)

Special Requirements

Signature

Date

