

Front of House Questionnaire

Please complete and hand to FOH manager one week before your show

Show name _____

Performance Dates _____

Producer

Tel No _____ Email _____

Director

Tel No _____ Email _____

Tech Manager

Tel No _____ Email _____

Stage Manager

Tel No _____ Email _____

Start Time _____

Running Time _____

Latecomer Policy _____

Intervals

Number of Intervals _____

How long after the show begins is the interval _____

How long would you like the interval to be _____

Tickets

Ticket Deals y/n

Details _____

Cafe

Special Deals in the Cafe y/n

Details _____

Special Effects

Are there guns, pyrotechnics or other loud bangs? y/n

Do you use strobe lighting y/n

Do you use the smoke machine y/n

Details _____

Clearance

Is clearance to be given to the tech box via the intercom? y/n

If not, please give details _____

Cast and Crew

How many people will be on-stage/backstage during the performance?

How many people will be on the balconies/in the tech box during the

performance?

Any other details about the show (eg age suitability or offensive language)? _____
