

PROGRAM CHECKLIST

I. PROGRAM DETAILS

Program: _____ Date(s): _____

Sponsor: _____

Contact/Chairperson: _____ Contact Info: _____

Speaker/Artist/Performer: _____ Contact Info: _____

Agency: _____

Agency Address: _____ Phone: _____

II. FACILITIES

Location: _____ Date Reserved: _____

Time Reserved: _____ Set Up Time: _____ Start Time: _____

Tentative: Yes / No Date: _____ Confirmed: Yes / No Date: _____ Res. # _____

Set Up Arrangements: Plans confirmed: Yes / No

Special Needs: _____

III. BUDGETING/FUNDING

(Before contracting, confirming, or solidifying any agreements, make sure the you can afford your program)

Artist Expenses:

Cost of Speaker/Artist/Performer: _____

Transportation Cost for Artist: _____ Hospitality and Lodging costs for Artist: _____

Other costs associated with Artist: _____

Production Expenses:

A/V costs (sound, lights, etc.): _____ Set up Costs: _____

Service Costs (security, custodial, etc.) _____

Staging costs: _____

Decorating Costs: _____ Promotion Costs: _____

Printing Costs: _____

Other Misc. Costs: _____

Revenue/Income:

Amount of Marathon Funding for Program: _____

Amount of Appeals Funding: _____

Co-Sponsorship Funding by: _____ Amount: _____

Responsibility of Co-Sponsorship Group: _____

Admission Price: Student _____ Other _____

Arrangement for ticket pre-sale: _____

Arrangement for door sales: _____

IV. CONTRACT (all contractual agreements must be reviewed and signed by the University Treasurer)

_____ **Brandeis Contract** (please see the Department of Student Activities for development)

_____ Sent to Artist _____ Completed Contract returned to Artist
_____ Received back from Agent _____ Final Signature
_____ All Corrections/alterations noted _____ Copies in File
_____ Necessary initials/signatures

_____ **Agent Contract**

_____ Received by College _____ Final Signature
_____ All Corrections/alterations noted _____ Copies in File
_____ Necessary initials/signatures _____ Contract returned to agent

V. PAYMENT

Have artist name, address, social security or Tax ID # on payment request.

Check Requested: _____ Received: _____ Given to Artist: _____

Additional Information: _____

VI. PUBLICITY

Posters/Flyers (computer or handwritten):

Usdan _____ Residence Halls _____ RA Mailboxes _____ Other _____

Posters (professionally made):

Usdan _____ Residence Halls _____ RA Mailboxes _____ Other _____

Calendar Listing:

Monthly Calendar (in Student Activities) _____ Copy in the Justice Calendar section: _____

Web Site Calendar Listing _____ @brandeis _____

Other _____

Justice Coverage:

Notified (coverage requested) _____ Purchased Advertisement: Yes / No Size: _____

Interviewed: Yes / No Location: _____ Date/Time: _____

Special Coverage:

Performance to be taped: Yes / No Audio _____ Video _____

Approved by Agent/Artist: Yes / No Date: _____

Programs Needed: Yes / No Quantity: _____ Ordered from: _____

Designed by: _____ Delivery /Pick Up date: _____

VII. TECHNICAL

Tech Rider received: Yes / No Reviewed: _____ Placed in File: _____

Sound/Lights Needed: Yes / No Ordered from: _____

Staging Needed: Yes / No Ordered from: _____

Payment arranged for Tech. Services: Requested: _____ Received: _____

Electrician Needed: Yes / No Name: _____ Confirmed: _____

Dressing Rooms Needed: Yes / No Number needed: _____ Where: _____

Load In Time: _____ No. of Stage Crew Needed: _____

Load Out Time: _____ No. of Stage Crew Needed: _____

Rehearsal/Sound Check Time: _____

VIII. ARTIST SCHEDULE & HOSPITALITY

Arrival Date & Time: _____

Arrival Details: _____

Departure Date & time: _____

Hospitality Required: _____

Catering Needed: Yes / No ARAMark Requested: _____ Set up Time: _____

Schedule of Events: (Timeline for the day):

IX. FOLLOW UP

Program Evaluation Complete: Yes / No

Thank You Cards Completed: Yes / No