

# Production Questionnaire for the Department of Dance

*Purpose: To provide a front-end request of all department production needs for efficient evaluation of department fiscal and personnel resources. This form is not a commitment to all aspects of a production. It is a detailed view of a dance piece, in which items listed are considered as a REQUEST for production support by the department. The Chair is the final approval on all dance production needs.*

**\*\* Submit form to Carrie Cox when finished. She will forward a copy of the form to the chair, fiscal officer, and related production and performance staff.**

**Date form submitted to Carrie Cox:** \_\_\_\_\_ **Time / Length of Piece:** \_\_\_\_\_

**Name of piece:** \_\_\_\_\_

**Choreographer/Creator:** \_\_\_\_\_

**Date of debut premiere or original performance:** \_\_\_\_\_

**Location of anticipated performance:** \_\_\_\_\_

## **A) What kind of performance is this? (for production managers)**

*If this piece is currently being created, please skip section B.*

If this piece is a recreation, please submit the following:

- Attach a program copy of your debut premiere, if you have one.
- Date, location of debut premiere: \_\_\_\_\_
- If this piece is a reconstruction from score, do you or the Dance Notation Bureau have design information and video documentation of the work?

## **B) Performers (for production managers, performance area lead)**

How many performers are in this work?

Dancers: \_\_\_\_\_

Actors: \_\_\_\_\_

Other, list types: \_\_\_\_\_

Musicians (please list instruments played):

Are any of these artists local to central Ohio or not?

## **C) Collaborative Design Team Members (for production managers, performance area lead, costumer, dept musicians, other staff as needed)**

List the names of your collaborative design team, and any email addresses or phone numbers. Please remember to include the name of the designer whose work you wish to use, if you have had enjoyed multiple collaborators.

Lighting designer: \_\_\_\_\_

Composer: \_\_\_\_\_

Scenographer/Set designer: \_\_\_\_\_

Costume designer: \_\_\_\_\_

Video designer: \_\_\_\_\_

Are any of these artists local to central Ohio or not? \_\_\_\_\_

Do you wish to use these designs even if the artist is unable to participate in the mounting of this performance?

**D) Lighting Design (for production managers)**

Name of designer: \_\_\_\_\_

Location of designer's town of residency: \_\_\_\_\_

Is your lighting designer able to light your work here? \_\_\_\_\_

If not, who will be recreating this work? \_\_\_\_\_

Are there any special lighting needs that fall outside normal performance expectations?

**E) Sound Design and Performance (for production managers, dept musicians)**

Name of composer: \_\_\_\_\_

Location of composer's town of residency: \_\_\_\_\_

Will your composer be participating in your performance here? \_\_\_\_\_

Will your music be recorded or performed live? \_\_\_\_\_

Number of sound designers/musicians: \_\_\_\_\_

Instruments to be used: \_\_\_\_\_

Instruments to be rented: \_\_\_\_\_

Where will your musicians be located during the performance? \_\_\_\_\_

Are there any microphone needs? \_\_\_\_\_

**F) Scenography/Set Design (for production managers)**

Name of scenographer/set designer: \_\_\_\_\_

Location of designer's town of residence: \_\_\_\_\_

Is your set designer able to support your work here? \_\_\_\_\_

If not, who will be recreating this work? \_\_\_\_\_

Will your set be shipped to us from another location? \_\_\_\_\_

If your set must be created, please describe briefly the materials, construction, and design required.

**G) Costume Design (for dept costume designer)**

*Any costume design decisions are requested to be finalized AT LEAST 2 WEEKS before the technical rehearsals begin. (under normal production schedule)*

Name of costume designer: \_\_\_\_\_

Location of designer's town of residence: \_\_\_\_\_

Who currently is in ownership of your costumes? Where? \_\_\_\_\_

Will your costumes be shipped to us from this location? \_\_\_\_\_

Will your costumes need to be completely reconstructed locally? \_\_\_\_\_

If so, by whom? \_\_\_\_\_

Please describe briefly your costume needs and number of costumes.

Will there be any costume changes during the piece? If so, how many are expected? \_\_\_\_\_

Are there any initial aesthetic ideas for the costumes?

What types of fabric do you prefer to work with/in? Anything highly specialized will need to be ordered early by the costume designer.

**H) Media Projection (for production managers, dance and technology staff)**

Name of video designer: \_\_\_\_\_

Name of video editor: \_\_\_\_\_

Is your media finished and ready for playback? \_\_\_\_\_

How many projectors are required? Where are they located in the performance venue? \_\_\_\_\_

On to what surfaces will you be projecting? \_\_\_\_\_

How many video screen are required? What are their sizes? \_\_\_\_\_

What is your media format, and by what method is its playback? \_\_\_\_\_

**YOUR TOTAL ESTIMATED COST OF PRODUCING THIS PIECE:** \_\_\_\_\_

***Submit form to Carrie Cox in her office mailbox, in the administrative office mailbox area.  
Estimated timeline for review and approval, 2 weeks from form submission to Carrie Cox, production manager,  
through to review and approval of resources and dept estimated costs by the Chair.***

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**For Accounting / Jane :** Approval initials and dates. Notes by production manager and other staff as to area limitations, possibilities are noted on this form.

This form has been reviewed by production manager Carrie Cox. \_\_\_\_\_

This form has been reviewed and approved by Chair of the Dept of Dance, Susan Petry. \_\_\_\_\_

The maximum amount approved to produce this dance on a dept produced or sponsored concert is: \_\_\_\_\_