



Name: _____

Course Name: _____

Course #: _____

LAB REQUEST 2008-2009

Presentation Continuum

(check the box that best represents the intent of this lab)

100% Installation (No Performers)	50/50 Fully Produced	100% Reading (No Design/Tech)
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Title: _____

How Many of this Type of Lab?

Text: _____

→ ←

Playwright: _____

Translation: _____

From the Dramatic Literature Faculty... If you have a text already selected, please attach the following information on the back: Author's Name, Dates of Author's Life, Date Text was Written, and Genre of Play. Also, please include a copy of the text in a form that can be duplicated.

Please remember... Season Selection is guided by a Repertory Checklist, which requires, every 3 years, at least 2 plays from each of the following broad categories: Classical Antiquity - Renaissance - Modern Western Stage - Postwar - World Stages (non-Western)

Cast

This is not a major shaping factor

(check the box that best represents the intent of this lab)

No Cast	5 Actors	10 Actors	15 Actors	Company of 20+
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Simple Piece

Very Complicated Piece

Scenery

This is not a major shaping factor

(check the box that best represents the intent of this lab)

No Scenery	Stock Pieces Only	Some Custom Pieces	Fully Produced	Fully Produced, w/Automation
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Small/Simple Project

Large/Complicated Project

Props

This is not a major shaping factor

(check the box that best represents the intent of this lab)

No Props	Pulled, No Alterations	Mostly Pulled, Some Custom Pieces	Fully Produced
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Small/Simple Project

Large/Complicated Project

Costumes

This is not a major shaping factor

(check the box that best represents the intent of this lab)

No Costumes	Styled From Actors Clothes	Pulled, No Alterations	Pulled w/Alterations	Fully Produced
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Small/Simple Project

Large/Complicated Project

Lighting

This is not a major shaping factor

(check the box that best represents the intent of this lab)

Work Light	Lights Up/Lights Down	Internal Cues	Full Design	Full Design W/MLs
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Small/Simple Project

Large/Complicated Project

Sound

This is not a major shaping factor

(check the box that best represents the intent of this lab)

No Sound	Sound Effects	Underscoring	Reinforcement	Musical
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Small/Simple Project

Large/Complicated Project

Schedule & Venue

Preferred Mini: _____ (fall A, fall B, spring A, spring B)

Preferred Space: _____ Configuration: _____

The last time I recall we did a project like this was: _____

Can this lab fall in a subsequent season in the 2-3 year cycle or not? (y/n) _____

(if the answer above is "no" please explain why on an additional sheet)

Preferred Length of Run: _____ Preferred Length of Rehearsal: _____

Preferred Length of Preview: _____ Preferred Length of Tech/Dress: _____

Other Schedule or Venue Notes: _____

Casting & Actor Experience Issues

of Male Actors: _____ # of Female Actors: _____

of Male Singers: _____ # of Female Singers: _____

of Male Dancers: _____ # of Female Dancers: _____

Character age range: _____ Character ethnicity: _____

Other Experience Opportunity issues: _____

Personnel

(check the box that best represents the intent of this lab)

Coordination	Sets/Props/Paints	Costumes	Lighting	Sound
<input type="checkbox"/> APM	<input type="checkbox"/> Asst. Paint Crge	<input type="checkbox"/> Accessories	<input type="checkbox"/> ALD	<input type="checkbox"/> Asst. Sound Des
<input type="checkbox"/> ASM	<input type="checkbox"/> Asst. Prop Mstr	<input type="checkbox"/> Asst. Cost Des	<input type="checkbox"/> AME	<input type="checkbox"/> Balance Engineer
<input type="checkbox"/> Asst. Director	<input type="checkbox"/> Asst. Scene Des	<input type="checkbox"/> Cost Designer	<input type="checkbox"/> Board Operator	<input type="checkbox"/> Composer
<input type="checkbox"/> Choreographer	<input type="checkbox"/> ATD	<input type="checkbox"/> Dressers	<input type="checkbox"/> Build Crew	<input type="checkbox"/> Musicians
<input type="checkbox"/> Company Mgr	<input type="checkbox"/> Carp/Welders	<input type="checkbox"/> First Hand	<input type="checkbox"/> Install Electrician	<input type="checkbox"/> Playback Op
<input type="checkbox"/> Conductor	<input type="checkbox"/> Charge Scenic	<input type="checkbox"/> Floor Sup Mens	<input type="checkbox"/> Lighting Designer	<input type="checkbox"/> Rehearsal Pianist
<input type="checkbox"/> Director	<input type="checkbox"/> Master Carp	<input type="checkbox"/> Floor Sup Wmn	<input type="checkbox"/> Master Electrician	<input type="checkbox"/> Run Crew
<input type="checkbox"/> Dramaturg	<input type="checkbox"/> Prop Carps	<input type="checkbox"/> Make-Up Design	<input type="checkbox"/> ML Board Op	<input type="checkbox"/> Sound Designer
<input type="checkbox"/> Fight Choreog	<input type="checkbox"/> Prop Master	<input type="checkbox"/> Paint/Dyer	<input type="checkbox"/> ML Programmer	<input type="checkbox"/> Studio Engineer
<input type="checkbox"/> House Manager	<input type="checkbox"/> Run Crew	<input type="checkbox"/> Stitchers	<input type="checkbox"/> Run Crew	
<input type="checkbox"/> Music Director	<input type="checkbox"/> Scene Designer	<input type="checkbox"/> Tailor	<input type="checkbox"/> Spot Operators	
<input type="checkbox"/> Production Mgr	<input type="checkbox"/> Scenic Artists	<input type="checkbox"/> Wardrobe Super		
<input type="checkbox"/> Stage Manager	<input type="checkbox"/> Tech Director	<input type="checkbox"/> Wig Maker		

Stuff

(check the box that best represents the intent of this lab - please elaborate on the back)

<input type="checkbox"/> Acrobatics	<input type="checkbox"/> Animals	<input type="checkbox"/> Blood Effects	<input type="checkbox"/> Fog/Haze	<input type="checkbox"/> Amplification
<input type="checkbox"/> Bare Feet	<input type="checkbox"/> Automation	<input type="checkbox"/> Effects Make-Up	<input type="checkbox"/> Follow Spots	<input type="checkbox"/> Audio Playback
<input type="checkbox"/> Dance Surface	<input type="checkbox"/> Breakaways	<input type="checkbox"/> Period Pieces	<input type="checkbox"/> ML Fixtures	<input type="checkbox"/> Comm Gear
<input type="checkbox"/> Double Casting	<input type="checkbox"/> Ceiling	<input type="checkbox"/> Prosthetics	<input type="checkbox"/> Practicals	<input type="checkbox"/> Instruments
<input type="checkbox"/> Extensive Nudity	<input type="checkbox"/> Cigarettes	<input type="checkbox"/> Rigging	<input type="checkbox"/> Projections	<input type="checkbox"/> Live Music
<input type="checkbox"/> Flying Performers	<input type="checkbox"/> Dirt/Sand/Grass	<input type="checkbox"/> Underdressing	<input type="checkbox"/> Special Effects	<input type="checkbox"/> Live Video
<input type="checkbox"/> Mult Perf Spaces	<input type="checkbox"/> Fire/Live Flame	<input type="checkbox"/> Wigs		<input type="checkbox"/> Microphones
<input type="checkbox"/> Mult Reh Spaces	<input type="checkbox"/> Food/Food Prep			<input type="checkbox"/> Musician Gear
<input type="checkbox"/> Odd Space Config	<input type="checkbox"/> Harnesses			<input type="checkbox"/> Show Control
<input type="checkbox"/> Organic Process	<input type="checkbox"/> Puppets			<input type="checkbox"/> Video Playback
<input type="checkbox"/> Original Music	<input type="checkbox"/> Water/Plumbing			<input type="checkbox"/> Voiceover
<input type="checkbox"/> Seat Kills	<input type="checkbox"/> Weapons/Guns			<input type="checkbox"/> Wireless Mics

Please include any additional pertinent information on the back of the form.