



BRUNSWICK COMMUNITY COLLEGE
ODELL WILLIAMSON AUDITORIUM

PO Box 30, Supply, NC 28462 910-755-7416

Competition Questionnaire

In an effort to serve you better, please complete the following info so that we can process contracts.
If you do not have final schedules please fill out with your best estimate.

Event Name: _____

Date(s) of Event: _____

Licensee Name: _____

Mailing Address: _____

City, State, Zip: _____

Telephone :(OFFICE) (OTHER) _____

Email _____

Load in time _____

Doors open day 1 _____

Show time day 1 _____

Length of show day 1 _____

Doors open day 2 _____

Show time day 2 _____

Length of show day 2 _____

Doors open day 3 _____

Show time day 3 _____

Length of show day 3 _____

Load out length _____

Person responsible for payment _____

Mailing Address :(if different from above) _____

City, State, Zip: _____

Telephone:(OFFICE) (OTHER) _____

Email _____

Fed. ID # _____

Technical requirements _____

What personnel will you need from us? _____

Location and number of 6' tables for:

Judges _____

Backstage _____

Lobby _____

Other _____

Are you using Event Center 1 for dressing? _____

Are you using Event Center 2 for dressing? _____

Will you use our sound? _____

Will you use our Lights? _____

Other _____

If you have a tech. rider or set-up sheet, please attach.