**Stage / Platform Form**

Attach this checklist and all required attachments to the Event Support Form

|  |  |  |  |
| --- | --- | --- | --- |
| Requestor | Betty Jones |  |  |
| Requestor Contact | [bjones@odu.edu](mailto:bjones@odu.edu), x1234 |  |  |
| ODU Staff (employee) Sponsor & Contact info | LSI Events, x 5555 |  |  |
| Budget Code | 6xx00 |  |  |
| Event Date(s) (Seasonal permit?) | 4/12/17 |  |  |
| Setup Date/Time | 4/12/17, 7 AM |  |  |
| Available for inspection Date/Time | 4/12/17, 9 AM |  |  |
| Takedown Date | 4/12/17 |  |  |
| Location Layout | Attached |  |  |
| Stage Layout | Attached |  |  |
| Maximum # of occupants | 5 |  |  |
| Dimensions **(LxWxH)** | 8x12x3 |  |  |

**THE FOLLOWING INFORMATION IS REQUIRED ONLY FOR**

**RENTAL (NOT ODU) STAGES & PLATFORMS**

**Sections highlighted in BLUE should be provided by your vendor**

|  |  |  |  |
| --- | --- | --- | --- |
| Weight Capacity Load Rating Only | 125 lbs./SF |  |  |
| Certificate of Insurance | Attached |  |  |
| Model Number | 54321 |  |  |
| **MFGR. Product Data (Cut) Sheet** | Attached |  |  |
| Anchoring System  (if any) | Gravity |  |  |
| Vendor’s Co. Name | Smith’s stages |  |  |
| Vendor Contact | 757-555-2468 |  |  |