

THE UNIVERSITY OF KENTUCKY DEPARTMENT OF THEATRE ARTS

DIRECTING STUDIO

-Exit Room Review-

Production Space _____ Production Dates

Title of Project/Script _____

Name _____ S.S.# _____

Address _____ Phone# _____

Room Condition

- | | |
|--|--|
| <input type="checkbox"/> Props Removed | <input type="checkbox"/> Trash Removed |
| <input type="checkbox"/> Furniture Removed | <input type="checkbox"/> Curtains Placed |
| <input type="checkbox"/> Spikes Removed | <input type="checkbox"/> Chairs Stacked /Cleaned |
| <input type="checkbox"/> Floors Swept
Stored | <input type="checkbox"/> Risers and Rehearsal Blocks |
| <input type="checkbox"/> Table, Stool, and Ladder Replaced | <input type="checkbox"/> Misc. Condition (See Notes) |

Technical Condition

- Lighting Instruments Struck to Neutral
- Gels and Gel Frames Removed and Returned
- Electric Board Disconnected, Wiring Wrapped and Stored (Black Box)
- Control Booth- Cleaned and Orderly (Briggs Only)
- Patch Panel Un-Patched (Briggs Only)
- Work Lights Operational (Briggs Only)

Room Damage

None See Below

DIRECTING STUDIO

-Exit Room Review-

Technical Director 's Notes: _____

Refund: ___ Approved ___ Denied

Technical Director 's Signature _____ Date _____

Studio Advisor 's Notes: _____

Refund: ___ Approved ___ Denied

Directing Studio Advisor 's Signature _____ Date _____

Refund: ___ Received ___ Denied

Student Director 's Signature _____ Date _____