

CALISTHENICS VICTORIA INC.



LIGHTING SHEET

Name Club/College _____

Competitor/Item No. _____

Contact Name (print) _____

Phone: _____

Section (i.e. SubJnrs.) _____ Item. _____
(ie Song)

Title of Item _____
(ie Farmyard Frolics)

Date of Item _____

Tick any of the following you will require

DATA PROJECTION

SMOKE

UV LIGHTS

FOLLOW SPOT

CUE	TIME	DESCRIPTION	ACTION
PRESET			
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			

PLEASE NOTE:

- A separate sheet must be completed for each competitor in each section.
- Spotlights must be referred to by number (1 – 9)
- Lighting cue sheet must be completed and handed to supervisor when booking in at **CVI** only.
- When calling your cues please first say 'STANDBY CUE NUMBER' approximately 15 seconds before the cue is due to occur. When you want the cue to be activated say 'CUE NUMBER...GO'.

LIGHTING SHEET WILL ONLY BE ACCEPTED IF TYPED