SCENIC DESIGN
DRAWINGS DUE CHECK SHEET

PRODUCTION:______________________ DESIGNER:_________________________

PHONE:___________________________ EMAIL:______________________________

DESIGN SUPERVISOR'S SIG:__________________________ DATE:_____________

DESIGN SUPERVISOR'S COMMENTS:_____________________________________

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CHECK LIST:

_____ GROUND PLAN (including seating plan if in the Inge Theatre)

_____ SIDE SECTION

_____ GROUND PLAN and SECTION VIEW for UT Stage Manager and LD.

_____ ELEVATIONS OF ALL UNITS TO BE BUILT (plan view if necessary)

_____ MODEL OR COLOR RENDERING

_____ PAINT ELEVATIONS

_____ MASKING SCHEME

_____ SET PROPS LIST (use prop list form)

_____SET SHIFTS CONSIDERED

TECHNICAL DIRECTOR'S SIGNATURE:__________________________________

DUE DATE:______________________TODAY'S DATE:_____________________

TD'S COMMENTS:____________________________________________________

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