

SCENIC DESIGN  
DRAWINGS DUE CHECK SHEET

PRODUCTION: \_\_\_\_\_ DESIGNER: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

DESIGN SUPERVISOR'S SIG: \_\_\_\_\_ DATE: \_\_\_\_\_

DESIGN SUPERVISOR'S COMMENTS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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: \_\_\_\_\_

\_\_\_\_\_