

**Structural Rigging Request Form**

EVENT NAME:	EVENT DATES:	
FACILITY:	ROOM/BOOTH:	
PRODUCTION COMPANY:	ADDRESS:	
CONTACT:	PHONE:	E-MAIL:
ON-SITE CONTACT:	PHONE:	E-MAIL:

RIGGING INSTALLATION	DATE:	TIME:
ADDITIONAL INSTALLATION DAYS	DATE:	TIME:
RIGGING DISMANTLE	DATE:	TIME:

DESCRIPTION/DIMENSIONS OF MATERIAL AND EQUIPMENT:

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TOTAL NUMBER OF POINTS (including cable pics):	TOTAL WEIGHT OF RIGGING:	EXPECTED MAX WEIGHT OF POINTS:
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REQUESTED BY:

PRINT NAME	SIGNATURE	DATE
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<b>Billing Info (This MUST be filled out completely if different from above)</b>	
<b>In an effort to maximize the security of customer transactions, a Freeman Event Technology Representative will reach out to arrange payment.</b>	
CONTACT:	
COMPANY:	
BILLING ADDRESS:	
CITY/STATE/ZIP:	
EMAIL:	
PHONE:	
FAX:	