Day of Show

EVENT DATE:_____ EVENT NAME: _____

EVENT LOCATION: _____ ORGANIZATION/DEPARTMENT: _____

TIME	ACTION/ACT/SPEAKER	# OF MEMBERS	AUDIO	PROJECTOR	LIGHTING

TIME	ACTION/ACT/SPEAKER	# OF MEMBERS	AUDIO	PROJECTOR	LIGHTING

TIME	ACTION/ACT/SPEAKER	# OF MEMBERS	AUDIO	PROJECTOR	LIGHTING