



STAGE PLAN PROFORMA ENTERTAINMENT BANDS—SECTION F19

Please complete and return to the Catholic Arts Office (fax: 9272 7526):

BY MONDAY 26 JULY 2010

(Photocopy if extra copies are required)

School Name: _____

Band Name: _____

Performance Date: _____

STAGE PLAN

Music Stand

Chair

Microphones (please indicate if for vocal (v) or instrument (i))

