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| **Society:**  **Society Event Running Order**  Please fill in both the **SOUND CHECK** and **RUNNING ORDER** (located below)  Please note: Sound checks cannot start until **after 5pm.** | Society Name |
| **Name of Event:** | Name of Event |
| **Date:** | Date of Event |
| **Venue:** | Event Organiser |
| **Point of Contact:** | Event Organiser |
| **Contact Number:** | Phone Number |

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| **Sound Check Running Order** | | | | | | |
| **Start Time** | **End Time** | **Performer** | **Description** | **Audio Requirements** | **Lighting Requirements** | **Video Requirements** |
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| **Please provide an accurate running order for your event. From the time doors open to the end of the event.** | | | | | | |
| **Event Running Order** | | | | | | |
| **Start Time** | **End Time** | **Performer** | **Description** | **Audio Requirements** | **Lighting Requirements** | **Video Requirements** |
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