



THEATRE 29

73637 Sullivan Road, Twentynine Palms, CA 92277
 760-361-4151 theatretwentynine@gmail.com

Production Budget Form

PRODUCTION: _____ Show Type _____

PRODUCTION DIRECTOR: _____

PRODUCTION DATES: _____ to _____ Number of Performances _____

ROYALTIES <small>(Please include grand total from Royalty Company contract, including Material Rental (or Purchase) costs, purchase and any other fees or deposits required)</small>					Logo Pack		
COPIES							
MUSIC							
<input type="checkbox"/> Pre-Recorded Tracks <input type="checkbox"/> Live Musicians							
PROFESSIONAL MUSIC FEES (if applicable)							
SET MATERIALS							
SPECIAL TECHNICAL REQUIREMENTS					List what special technical needs your production requires, as applicable below, which requires additional budgetary consideration.		
LIGHTING		SOUND		STAGECRAFT			
COSTUMES							
WIGS							
MAKE-UP							
PROPERTIES							
SPECIAL EFFECTS							
PHOTOGRAPHY (Processing & Printing Costs Only)							
MISCELLANEOUS							
BUDGET GRAND TOTAL						\$0	
PRODUCTION PATRON CONTRIBUTION					Patron Name		

Show Director		
Board President		
Board Approval	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date: _____