

# Bowie Studio Evaluation Form

Form is not valid without original signature of technician.

FOR COMPLETION OF TECHNICIAN ONLY:

Date     /    /    

\_\_\_\_\_  
Technician Signature

\_\_\_\_\_  
Show Name

\_\_\_\_ Yes \_\_\_\_ No Did the technician prepare for the show in a timely manner? If no, please let us know if there were any factors that hindered the process in the space below:

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\_\_\_\_ Yes \_\_\_\_ No Was there enough crew for the production?

\_\_\_\_ Yes \_\_\_\_ No Did the technician work well with the producer and crew?

\_\_\_\_ Yes \_\_\_\_ No Was the technician enthusiastic about your show?

\_\_\_\_ Yes \_\_\_\_ No Overall, did the technician demonstrate proficiency in the areas of lighting, audio, and other technical or creative areas?

Any comments or suggestions?

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Your Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Your Role in the Production: \_\_\_\_\_ Producer \_\_\_\_\_ Director \_\_\_\_\_ Other

***Mail or deliver to:  
Bowie City Hall  
c/o Denise Mahoney  
2614 Kenhill Drive  
Bowie, MD 20715***