



# Performing Arts Management

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## HOUSING ASSIGNMENTS WORKSHEET

The housing coordinator should use this form to collect information about the host homes for the arriving BYU ensemble. Complete all but the right column and send this worksheet to Performing Arts Management at least 4 weeks prior to your performance. BYU will then make personnel assignments to these host homes, and will share a copy of this list with you.

Please keep in mind the following guidelines:

1. **At least two** ensemble members of the same sex will be assigned to each host home.
2. Single women will not be sent to the homes of single male hosts, and single men will not be sent to the homes of single female hosts.
3. Single men and single women will not be sent to the same host home.
4. **Separate beds** must be provided for single group members.
5. Host families should be informed in advance that following the performance ensemble members will be involved in striking the set and packing the equipment truck for up to an hour before they can leave for the night.
6. Host families and ensemble members normally meet each other once strike is complete.
7. Host homes are requested near the performance site, to avoid excessive travel.
8. All hosts are encouraged to attend the performance, and should receive at least two complimentary tickets to the performance.

Presenting Organization		BYU Group Name			
City	State	Housing Coordinator	Phone Number		
F O R M A T	<b>Host Family Name</b> <i>mark married or single host family</i>		<b># of Beds</b>	<b>Request</b> <i>male, female, couple</i>	<b>BYU Ensemble Members Assigned</b> <b>(to be done by BYU)</b>
	<b>Phone Number</b>		<i>Single or Dble beds</i>		
1.	<input type="checkbox"/> Married <input type="checkbox"/> Single			<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Couple	
	<i>Pets?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No				
2.	<input type="checkbox"/> Married <input type="checkbox"/> Single			<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Couple	
	<i>Pets?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No				
3.	<input type="checkbox"/> Married <input type="checkbox"/> Single			<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Couple	
	<i>Pets?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No				
4.	<input type="checkbox"/> Married <input type="checkbox"/> Single			<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Couple	
	<i>Pets?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No				
5.	<input type="checkbox"/> Married <input type="checkbox"/> Single			<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Couple	
	<i>Pets?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No				
6.	<input type="checkbox"/> Married <input type="checkbox"/> Single			<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Couple	
	<i>Pets?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No				

F O R M A T	Host Family Name <i>mark married or single host family</i>		# of Beds	Request  <i>male, female, couple</i>	BYU Ensemble Members Assigned  <b>(to be done by BYU)</b>
	Phone Number		<i>Single or Dble beds</i>		
7.	<input type="checkbox"/> Married <input type="checkbox"/> Single			<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Couple  <input type="checkbox"/> Any	
	Pets? <input type="checkbox"/> Yes <input type="checkbox"/> No				
8.	<input type="checkbox"/> Married <input type="checkbox"/> Single			<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Couple  <input type="checkbox"/> Any	
	Pets? <input type="checkbox"/> Yes <input type="checkbox"/> No				
9.	<input type="checkbox"/> Married <input type="checkbox"/> Single			<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Couple  <input type="checkbox"/> Any	
	Pets? <input type="checkbox"/> Yes <input type="checkbox"/> No				
10.	<input type="checkbox"/> Married <input type="checkbox"/> Single			<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Couple  <input type="checkbox"/> Any	
	Pets? <input type="checkbox"/> Yes <input type="checkbox"/> No				
11.	<input type="checkbox"/> Married <input type="checkbox"/> Single			<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Couple  <input type="checkbox"/> Any	
	Pets? <input type="checkbox"/> Yes <input type="checkbox"/> No				
12.	<input type="checkbox"/> Married <input type="checkbox"/> Single			<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Couple  <input type="checkbox"/> Any	
	Pets? <input type="checkbox"/> Yes <input type="checkbox"/> No				
13.	<input type="checkbox"/> Married <input type="checkbox"/> Single			<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Couple  <input type="checkbox"/> Any	
	Pets? <input type="checkbox"/> Yes <input type="checkbox"/> No				
14.	<input type="checkbox"/> Married <input type="checkbox"/> Single			<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Couple  <input type="checkbox"/> Any	
	Pets? <input type="checkbox"/> Yes <input type="checkbox"/> No				
15.	<input type="checkbox"/> Married <input type="checkbox"/> Single			<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Couple  <input type="checkbox"/> Any	
	Pets? <input type="checkbox"/> Yes <input type="checkbox"/> No				
16.	<input type="checkbox"/> Married <input type="checkbox"/> Single			<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Couple  <input type="checkbox"/> Any	
	Pets? <input type="checkbox"/> Yes <input type="checkbox"/> No				
17.	<input type="checkbox"/> Married <input type="checkbox"/> Single			<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Couple  <input type="checkbox"/> Any	
	Pets? <input type="checkbox"/> Yes <input type="checkbox"/> No				

F O R M A T	Host Family Name <i>mark married or single host family</i>		# of Beds	Request  <i>male, female, couple</i>	BYU Ensemble Members Assigned  <b>(to be done by BYU)</b>
	Phone Number		<i>Single or Dble beds</i>		
18.	<input type="checkbox"/> Married <input type="checkbox"/> Single			<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Couple  <input type="checkbox"/> Any	
	Pets? <input type="checkbox"/> Yes <input type="checkbox"/> No				
19.	<input type="checkbox"/> Married <input type="checkbox"/> Single			<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Couple  <input type="checkbox"/> Any	
	Pets? <input type="checkbox"/> Yes <input type="checkbox"/> No				
20.	<input type="checkbox"/> Married <input type="checkbox"/> Single			<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Couple  <input type="checkbox"/> Any	
	Pets? <input type="checkbox"/> Yes <input type="checkbox"/> No				
21.	<input type="checkbox"/> Married <input type="checkbox"/> Single			<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Couple  <input type="checkbox"/> Any	
	Pets? <input type="checkbox"/> Yes <input type="checkbox"/> No				
22.	<input type="checkbox"/> Married <input type="checkbox"/> Single			<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Couple  <input type="checkbox"/> Any	
	Pets? <input type="checkbox"/> Yes <input type="checkbox"/> No				
23.	<input type="checkbox"/> Married <input type="checkbox"/> Single			<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Couple  <input type="checkbox"/> Any	
	Pets? <input type="checkbox"/> Yes <input type="checkbox"/> No				
24.	<input type="checkbox"/> Married <input type="checkbox"/> Single			<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Couple  <input type="checkbox"/> Any	
	Pets? <input type="checkbox"/> Yes <input type="checkbox"/> No				
25.	<input type="checkbox"/> Married <input type="checkbox"/> Single			<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Couple  <input type="checkbox"/> Any	
	Pets? <input type="checkbox"/> Yes <input type="checkbox"/> No				
26.	<input type="checkbox"/> Married <input type="checkbox"/> Single			<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Couple  <input type="checkbox"/> Any	
	Pets? <input type="checkbox"/> Yes <input type="checkbox"/> No				
27.	<input type="checkbox"/> Married <input type="checkbox"/> Single			<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Couple  <input type="checkbox"/> Any	
	Pets? <input type="checkbox"/> Yes <input type="checkbox"/> No				
28.	<input type="checkbox"/> Married <input type="checkbox"/> Single			<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Couple  <input type="checkbox"/> Any	
	Pets? <input type="checkbox"/> Yes <input type="checkbox"/> No				

F O R M A T	Host Family Name <i>mark married or single host family</i>		# of Beds	Request  <i>male, female, couple</i>	BYU Ensemble Members Assigned  <b>(to be done by BYU)</b>
	Phone Number		<i>Single or Dble beds</i>		
29.	<input type="checkbox"/> Married <input type="checkbox"/> Single			<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Couple  <input type="checkbox"/> Any	
	Pets? <input type="checkbox"/> Yes <input type="checkbox"/> No				
30.	<input type="checkbox"/> Married <input type="checkbox"/> Single			<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Couple  <input type="checkbox"/> Any	
	Pets? <input type="checkbox"/> Yes <input type="checkbox"/> No				
31.	<input type="checkbox"/> Married <input type="checkbox"/> Single			<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Couple  <input type="checkbox"/> Any	
	Pets? <input type="checkbox"/> Yes <input type="checkbox"/> No				
32.	<input type="checkbox"/> Married <input type="checkbox"/> Single			<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Couple  <input type="checkbox"/> Any	
	Pets? <input type="checkbox"/> Yes <input type="checkbox"/> No				
33.	<input type="checkbox"/> Married <input type="checkbox"/> Single			<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Couple  <input type="checkbox"/> Any	
	Pets? <input type="checkbox"/> Yes <input type="checkbox"/> No				
34.	<input type="checkbox"/> Married <input type="checkbox"/> Single			<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Couple  <input type="checkbox"/> Any	
	Pets? <input type="checkbox"/> Yes <input type="checkbox"/> No				
35.	<input type="checkbox"/> Married <input type="checkbox"/> Single			<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Couple  <input type="checkbox"/> Any	
	Pets? <input type="checkbox"/> Yes <input type="checkbox"/> No				
36.	<input type="checkbox"/> Married <input type="checkbox"/> Single			<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Couple  <input type="checkbox"/> Any	
	Pets? <input type="checkbox"/> Yes <input type="checkbox"/> No				
37.	<input type="checkbox"/> Married <input type="checkbox"/> Single			<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Couple  <input type="checkbox"/> Any	
	Pets? <input type="checkbox"/> Yes <input type="checkbox"/> No				
38.	<input type="checkbox"/> Married <input type="checkbox"/> Single			<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Couple  <input type="checkbox"/> Any	
	Pets? <input type="checkbox"/> Yes <input type="checkbox"/> No				
39.	<input type="checkbox"/> Married <input type="checkbox"/> Single			<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Couple  <input type="checkbox"/> Any	
	Pets? <input type="checkbox"/> Yes <input type="checkbox"/> No				