

REQUEST FOR AUDIO AND/OR VISUAL EQUIPMENT

Date of Event:	DAY _____	DATE _____	TIME _____ am/pm TO - _____ am/pm
Room Assigned:	_____		
Description of Event:	_____		
Contact Person:	NAME: _____	PHONE & EMAIL _____	

AUDIO – VISUAL EQUIPMENT

MICROPHONES	QTY	VISUALS
Wireless Handheld		Projector (Small) Fellowship Hall or Meeting Room
Wireless Headset		Projector (Large) Sanctuary Only
Lavalier's		MEDIA to be Submitted? (Circle All That Apply) PowerPoint Video Other: _____
Other		
Mic Stands-Podium		Description: What is being presented? _____

MEDIA REQUESTED FOR ***WORSHIP SERVICES***

MEDIA	MINUTES	TRANSFER FORMAT:	Flash Drive	CD	DVD
PowerPoint		(Circle All That Apply)			
Video					
Audio					
PASTOR APPROVAL (Must be signed by one of our Pastors)		(Caleb Hong) X _____ (Caitlyn Nesbit) X _____			

SPECIAL REQUEST FOR VIDEO RECORDING OF EVENT

Video Record Event:	Yes _____ No _____
Editing of Video after Recording?	Yes _____ No _____
Delivery Format: (Circle one)	Flash Drive - CD - DVD

FEES

Audio Tech	\$ 50 *3 Hours or less	Fees Pertain Only to Outside Groups (If we are creating visuals, additional time will be added to hours)
Visuals Tech	\$ 50 *3 Hours or less	
Video Recording	\$ 50 *3 Hours or less	
Video Editing	\$ 50 *3 Hours or less	

Put completed form in AV Mailbox in the Church Office. If unsure what equipment you will need, complete the top box and put form in the AV Mailbox. An AV Tech will contact you.

Date of Request _____