

Abundant Life Assembly of God SOUND/EQUIPMENT Request

Today's Date: _____ Add Update Change Date Cancel

Contact information

Director: _____ Ministry: _____

Contact Person: _____ Day Phone: _____

Email: _____

Deadline Date: *This form must be completed and submitted at least three (3) weeks in advance of the event.*

Room(s) to be used: _____

Date of Event: _____ Event Start Time: _____ Event End Time: _____

Time of set up: _____ Time of clean up: _____

Reminder: If staff is unavailable you will be required to set up tables and chairs and reset the room once your event concludes.

Equipment Requested:

Corded Mic-Qty. _____ Cordless Mic -Qty. _____ Lapel Mic-Qty. _____

Monitors Audio Record Play CD

Play DVD Overhead Projector Projector

Other information (placing of equipment, etc):

OFFICE USE: Approved Not Approved Revision needed

Feedback: _____

Sound Tech: _____

Phone number: _____ Email: _____

Copies given: Office Sound Tech Event Requestor/Contact