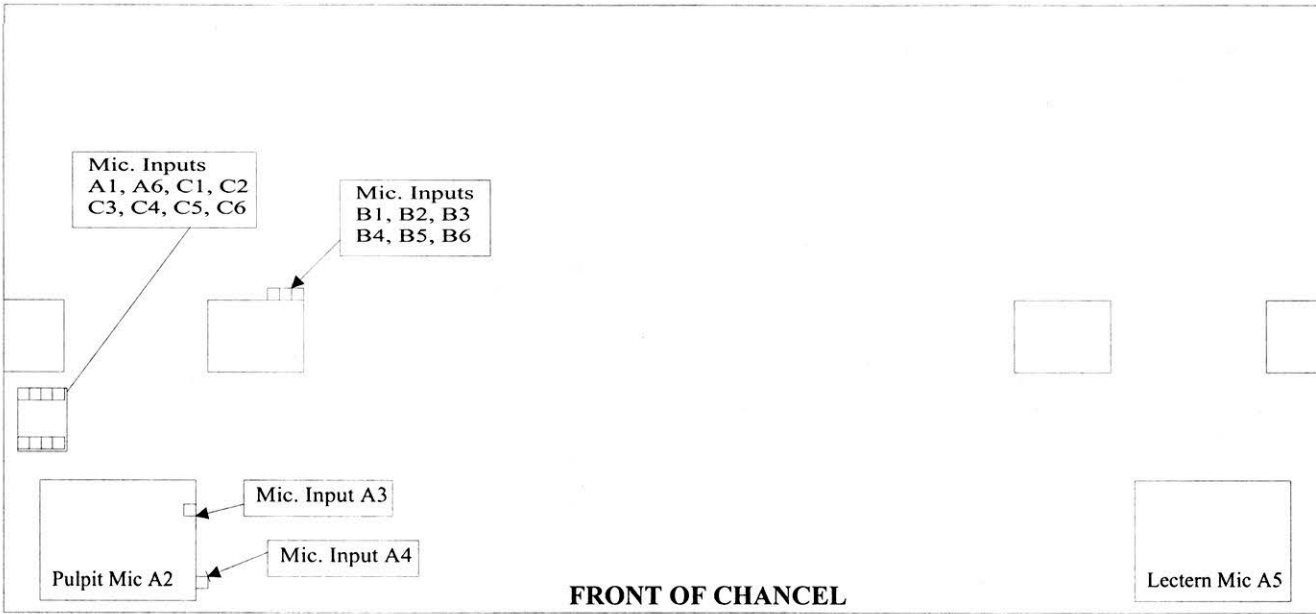


Sanctuary Audio/Video Setup Request



Is Audio/Video technician needed during event? ___ Yes ___ No

If yes, specify times and duties. _____

If no and portable video equipment is being used (laptop, VCR, projector, DVD player), who is the care-trained user? _____

Event/Service: _____

Date _____, Time _____ Contact Person _____

Rehearsal Times _____ Phone _____

Description of Event & Special Instructions _____

Original Request
 Adjusted Request Date _____

EQUIPMENT REQUEST

Hand Held Wireless Microphone

Number of Clip On Wireless Mics

Floor Microphone #1

Floor Microphone #2

Floor Microphone #3

CD Player or Recorder

Overflow Video to Min. Cntr.

Overflow Video to Stewart Hall

Video Projector

Laptop Computer

VCR

6' x 6' Screen

10' x 10' Screen

DVD Player

Other AV Equipment (Please Specify)

Submitted by: _____

Phone: _____

email: _____