AV Request Form

AV Information

Date AV Support Needed			
Group / Contact Name			
Phone Number			
E-mail			
Location of Event			
Set Up Start Time			
Performance Start Time			
Soloist (Y / N)			
Obbligato Instrument			
Small Ensemble (Y / N)			
Speaking Parts (Y / N)		Number:	

AV Equipment Requirements

Director Monitor (Y / N)			
Floor Monitors (Y / N)		Number:	
Choir Mics (Y / N)		Number:	
Stand Mics (Y / N)		Number:	
Hand Held Mics (Y / N)		Number:	
Lapel Mics (Y / N)		Number:	
Accompaniment Type			
Special Lighting (Y / N)			
Video Screen (Y / N)			
Computer Operator (Y / N)			

Notes

Please print, complete, and submit to Brian Stephens in the Church Office

Signed: _____

Date Submitted: _____ Date Approved: _____

Name of Tech: _____ Tech Confirmed: Yes / No