

AUDIO / VIDEO MINISTRY – SUPPORT REQUEST FORM

FELLOWSHIP HALL EVENT

*Please complete request form & return to the Grace Office AT LEAST 1 WEEK PRIOR to 1st rehearsal or event.

1. GENERAL INFORMATION

NAME OF EVENT: _____

EVENT DATE: _____ EVENT TIME: _____ : _____
start end

EVENT COORDINATOR: _____ PHONE: _____

REHEARSAL #1 DATE: _____ TIME: _____ REHEARSAL #1 DATE: _____ TIME: _____

NUMBER OF PEOPLE EXPECTED AT EVENT: _____

2. SOUND SUPPORT INFORMATION

SOUND OPERATOR NEEDED? YES NO

MICROPHONES NEEDED (please indicate quantity):

STAND MIC: _____ Qty

HANDHELD MIC: _____ Qty

HANDS-FREE MIC: _____ Qty

*Please mark location of mics on building drawing

WILL YOU BE PLAYING: CD CASSETTE TAPE MP3 PLAYER

3. VIDEO / MISCELLANEOUS SUPPORT INFORMATION

WILL YOUR EVENT REQUIRE A LARGE VIDEO SCREEN? YES NO

*Most E&A Bldg rooms are already equipped with a mounted TV/DVD/VCR Combo.

IF USING LARGE VIDEO SCREEN, WHAT TYPE OF MEDIA WILL YOU BE SHOWING?

POWERPOINT DVD VHS

WILL YOUR EVENT REQUIRE RISERS? YES NO *Please mark location on building drawing

COMMENTS: _____

IF TABLE AND CHAIR SETUP IS NEEDED, PLEASE INDICATE QUANTITY AND PLACEMENT OF YOUR DESIRED SETUP.

