

AUDIO / VIDEO MINISTRY – SUPPORT REQUEST FORM

OUTDOOR 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: _____

EVENT IS A: (check one) SUNDAY SERVICE SPECIAL EVENT

LOCATION: (check all that apply & mark on campus drawing)

FRONT YARD EAST PARKING LOT WEST PARKING LOT COURTYARD HATFIELD LOT

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 campus drawing

WILL YOU BE PLAYING: CD'S CASSETTE TAPE MP3 PLAYER

3. LIGHTING / MISCELLANEOUS SUPPORT INFORMATION

WILL YOUR EVENT REQUIRE LIGHTING? YES NO

* Please mark location on campus drawing

**Outdoor lighting is limited to 2 high-intensity lamp stands.

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

COMMENTS: _____

OUTSIDE AREAS

