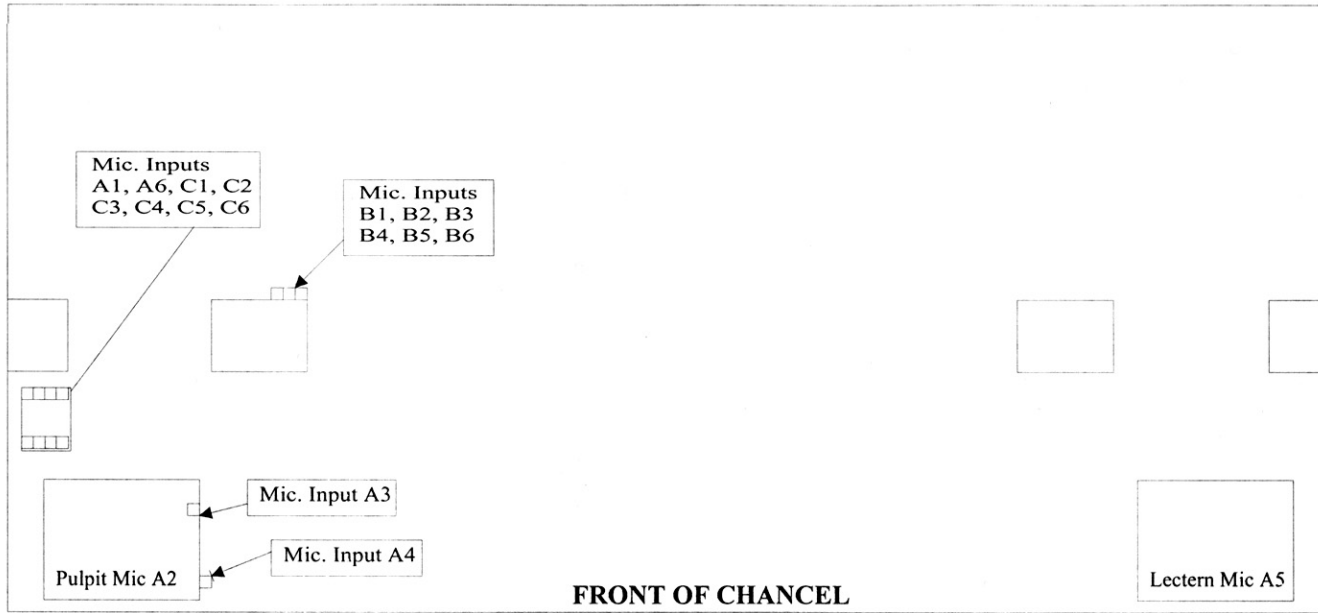


# Sanctuary Audio/Video Setup Request

Original Request  
 Adjusted Request

Date \_\_\_\_\_



**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?** \_\_\_\_\_ (See info about portable video equipment care linked to the web page at <http://www.firstpreswheaton.org/av/avinfo.htm>.)

Event/Service: \_\_\_\_\_

Date \_\_\_\_\_, Time \_\_\_\_\_ Contact Person \_\_\_\_\_

Rehearsal Times \_\_\_\_\_ Phone \_\_\_\_\_

Description of Event & Special Instructions \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**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
- Tape 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: \_\_\_\_\_