

Advance Request Form for Sound/Lighting Crew Assistance

Please Turn in to Main Office Two Weeks Prior to Event

Requested By: _____

Email: _____

Phone: _____ Cell: _____

Date of Event: _____ Time(s): _____

Location (sanctuary, multi-purpose room, chapel, off-site): _____

Rehearsal Attendance Requested On: (Day/Date): _____

Time of Rehearsal: _____ Approximate Length: _____

Services Requested:

(check all that apply - for recordings, put number of copies needed)

- | | |
|---|--|
| _____ Sound | _____ Video Recording to DVD
(Number of copies: _____) |
| _____ Lighting | _____ Audio Tape Accompaniment
(tape must be cued to start point) |
| _____ DVD Projection | _____ Audio CD Accompaniment
(Track number(s): _____) |
| _____ Computer Projection | _____ Other (please specify):
_____ |
| _____ Audio Recording to tape
(Number of copies: _____) | _____ |
| _____ Audio Recording to CD
(Number of copies: _____) | _____ |
| _____ Video Recording to VHS
(Number of copies: _____) | _____ |

Other Notes to Sound Team: _____
