

Make it Happen for God



(A/V Request Form)



Today's Date: _____

Name: _____

Phone _____

Group: _____

people: _____

Requested Date: _____

Event: _____

Time of: Practice _____

Actual _____

Equipment Needed:

- | | | |
|--------------------------------------|--------------------------------------|---|
| <input type="checkbox"/> Microphones | <input type="checkbox"/> PowerPoint. | <input type="checkbox"/> Piano Microphone |
| <input type="checkbox"/> CD played | <input type="checkbox"/> DVD | <input type="checkbox"/> DI box (for instruments) |
| <input type="checkbox"/> Mp3 file | <input type="checkbox"/> VHS Video | <input type="checkbox"/> Other (please list) |
| <input type="checkbox"/> Monitors | <input type="checkbox"/> Piano | |

Song Titles:

_____ Length: _____

_____ Length: _____

_____ Length: _____

Please return to the A/V mailbox in the office by Wednesday for Sunday Service and ASAP for all other events.