
YOUR REQUEST SHOULD BE MADE ONE MONTH IN ADVANCE OF ACTIVITY. A NOTICE GIVEN TWO WEEKS FROM DATE OF ACTIVITY WILL CONSIDERED LATE. IF A REQUEST IS LATE, THERE IS NO GUARANTEE THAT PERSONNEL WILL BE AVAILABLE.

ALL TECHNICIANS MUST BE TRAINED AND APPROVED

(INCLUDES: SOUND, LIGHTING, COMPUTER, & VIDEO TECHNICIANS)

COST OF TECHNICIANS VARIES DEPENDING ON HOURS AND TYPE OF EVENT:

1-2 HRS.—\$75 2-3 HRS.—\$100 OVER 3 HRS.—\$150

Date: _____ Name: _____

Phone: _____ Email: _____

Title of Activity: _____

Name of Ministry Group: _____

FELLOWSHIP CENTER WORSHIP CENTER OTHER

Number of People Expected: Participants _____ Attendees _____

Day & Date of Event: _____

Set Up Time: _____ Event Time: _____ Event End Time: _____

Are rehearsal dates requested? If yes, please list dates: _____

Is Technical Equipment needed for those requested rehearsal dates? Yes No

Request Approved Technician: Name: _____

Request Trained Volunteer: Name: _____

Please tell us the nature of your event and tech enhancement desired: _____

Sound: How many participants with detailed description: _____

Video? _____

Computer? _____ Powerpoint? _____ Lyrics _____ Other _____

****Please provide a stage diagram drawing on the bottom of page 2 of this form for this event****

You will be contacted by a technical staff member 5-10 days prior to the event for confirmation of details.

Creative Arts Office Use Only

Assigned Technician : _____

<input type="checkbox"/> PORTABLE SYSTEM ONLY			
<input type="checkbox"/> VOCALS	<input type="checkbox"/> LIVE BAND	<input type="checkbox"/> PLAYBACK	
<input type="checkbox"/> Choir mics (how many) _____	<input type="checkbox"/> Piano	<input type="checkbox"/> Keyboard	<input type="checkbox"/> CD
<input type="checkbox"/> Handheld mics (how many) __	<input type="checkbox"/> Drums	<input type="checkbox"/> Bass	<input type="checkbox"/> Cassette
<input type="checkbox"/> Lapel mics (how many) _____	<input type="checkbox"/> Guitar (how many) _____	<input type="checkbox"/> Other	
<input type="checkbox"/> Mic stands (how many) _____	<input type="checkbox"/> Music stands (how many) _____	<input type="checkbox"/> Record Event	
	<input type="checkbox"/> Stand lights (how many) _____		
	<input type="checkbox"/> Monitors (how many)		

LIGHTING/STAGE SET-UP

<input type="checkbox"/> STAGE	<input type="checkbox"/> LIGHTING	<input type="checkbox"/> COMPUTER / VIDEO
<input type="checkbox"/> Clear	<input type="checkbox"/> Colored Lights (Colors Requested) _____	<input type="checkbox"/> Power Point Presentation
<input type="checkbox"/> Band Set Up	<input type="checkbox"/> Solo Spotlights (how many) _____	<input type="checkbox"/> Video/VHS Presentation
<input type="checkbox"/> Risers (how many)	<input type="checkbox"/> Set Design (requires consultation and diagram and approval by CAD)	<input type="checkbox"/> DVD
<input type="checkbox"/> See Diagram		<input type="checkbox"/> Computer Video

STAGE DIAGRAM (Provided by Requesting Ministry Group)