

# Capital Memorial Church Audio/Visual Request Form

<b><u>Event Point of Contact</u></b>	
Name:	Phone #:
E-mail:	Alt Phone #:

<b><u>Name/Type of Event:</u></b>  Date(s) of Event:  Start Time:  Stop Time:  A/V technician required to setup: <u>Yes</u> <u>No</u> <input type="checkbox"/> <input type="checkbox"/>  A/V technician required at event: <input type="checkbox"/> <input type="checkbox"/>	<b><u>Event Location</u> (check all that apply):</b>  <input type="checkbox"/> Sanctuary <input type="checkbox"/> Heritage Room <input type="checkbox"/> Parlor A <input type="checkbox"/> Parlor B <input type="checkbox"/> Careers Classroom <input type="checkbox"/> Kindergarten Classroom <input type="checkbox"/> Cradle Roll Classroom <input type="checkbox"/> Fellowship Hall <input type="checkbox"/> College Room <input type="checkbox"/> Primary Classroom <input type="checkbox"/> Junior/Earliteen Classroom <input type="checkbox"/> Youth Classroom <input type="checkbox"/> Other:
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<b><u>Audio/Video Requirements:</u></b>			
Vocal Microphones (Quantity):	Wired:    ___	Wireless:    ___	Wireless Lapel:    ___
Instrument Microphones (Quantity):	Wired:    ___	Wireless:    ___	
Video Cassette Player: <input type="checkbox"/>	DVD Player: <input type="checkbox"/>		
Projector w/Screen: <input type="checkbox"/>	Television: <input type="checkbox"/>		

<b><u>Comments:</u></b>
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