

**Media Request**  
**Lighting – Audio – Video**

**Multi Media Department Use Only**

Event Date \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Technicians \_\_\_\_\_  
\_\_\_\_\_

- Please place completed form in Alan Miles’ box in the church office. You will be contacted prior to your event to let you know if a technician or training will be provided.
- This media request form will only be processed if your room reservation has been approved and entered in the system.
- **NOTE: Turning in this form less than 30 days in advance of your event will severely limit our ability to provide support.**

A copy of this these forms will be given to the appropriate Media Ministry teams (Audio, Video or Lighting). The availability of equipment and technicians are subject to approval and availability of the Media Ministry.

Please complete one form for each event/room reservation. You will be contacted to confirm your request and discuss any details not covered on this form. An approved Media Ministry member who has been trained and given the authority to use and handle a/v equipment will handle all sound and video services. During the event this technician has the authority given him/her by the Media Ministry Team to make any and all sound and video based decisions concerning equipment and its use.

In the event a Media Ministry member is not available, a training session may be needed for you to run the equipment yourself. Please understand that if the Media Ministry deems it necessary to setup a training session, this training is **NOT** optional and must be done prior to use.

Thank you for your understanding and cooperation in trying to maintain and protect the media equipment entrusted to us. **Please sign this form below indicating that you have read and fully understand the above.**

Signature \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Signer’s Name (Printed): \_\_\_\_\_

Event Name: \_\_\_\_\_

Group or Ministry sponsoring this event: \_\_\_\_\_

Date of Event: \_\_\_\_\_ Time of Event: \_\_\_\_\_ a.m./p.m.

Location of Event: Sanctuary \_\_\_\_\_ Ministry Center \_\_\_\_\_ Other \_\_\_\_\_

**If any part of this request changes, please notify the Alan Miles as soon as possible.**

Contact Information - Who is responsible for coordinating this event?

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Day Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Evening Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Cell Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

E-Mail address: \_\_\_\_\_

Staff Contact: \_\_\_\_\_

Is there anyone else who should be contacted regarding multimedia needs for your event?

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Day Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Evening Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Cell Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

E-Mail address: \_\_\_\_\_

Is over night equipment use needed? ..... Yes or No

Will other groups be able to use the room or equipment when not in use by your group? ..... Yes or No

Do you have any rehearsals or practices scheduled for this event?..... Yes or No

Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Start Time: \_\_\_\_ am/pm End Time: \_\_\_\_ am/pm

Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Start Time: \_\_\_\_ am/pm End Time: \_\_\_\_ am/pm

Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Start Time: \_\_\_\_ am/pm End Time: \_\_\_\_ am/pm

**Audio Details:** Don't know? Check here \_\_\_\_\_ & a tech will call you to discuss your needs.

How many microphones do you expect to need?

Hand Held Wireless \_\_\_\_\_ Hand Held Wired \_\_\_\_\_ Lapel\_\_\_\_\_

Any other special audio needs should be listed here: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Video Details:** Don't know? Check here \_\_\_\_\_ & a tech will call you to discuss your needs.

Please check:

\_\_\_ Side Screens Used \_\_\_ Video Played \_\_\_ Program Videotaped

\_\_\_ Floor Camera Used \_\_\_ Graphics Produced \_\_\_ Graphics Displayed

Any other special video needs should be listed here: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_