

AUDIO/VISUAL REQUEST FORM

REQUEST MUST BE SUBMITTED ONE WEEK PRIOR

DATE: _____

COMMITTEE/ORGANIZATION/CLUB/CIRCLE/ETC.

CONTACT PERSON

PHONE NUMBER

DATE EQUIPMENT NEEDED

CIRCLE EQUIPEMENT NEEDED:

TV	VCR/DVD PLAYER	LAPTOP COMPUTER
PROJECTOR	PROJECTION SCREEN	CAMERA
CD PLAYER	MICROPHONES IN SANCTUARY	LECTURN W/MICROPHONE

SPECIAL INSTRUCTIONS:

PLEASE ALLOW ONE WEEK'S NOTICE

FOR OFFICE USE ONLY

DATE RECEIVED: _____

DATE COMPLETED: _____