

Greater New Birth Church

Audio - Visual Request Form

Please return this form 2 weeks before the event

Today's Date:	Date of Event:
Ministry/Group:	Event Title:
Requested by:	Cell Number:
Type of Event:	Start Time: End Time:
Sound Check Time:	Estimate Attendance:
Facility Used:	

Sound Needed: Check off items that you will need and include quantity

Description of Item	Check		Description of Item	Check	Quantity
Projector			Microphone		
Organ			DVD		
Drums			TV		
Lead Guitars			Projector Screen		
Provide Own Instrument (List):					
Sound Tracks Used:	CD	MP3	DAT		
Event Recorded On:	CD	DVD/Video (*Not For Weddings)			
Video Presentation?	Yes	No			

Special Instructions:

Additional Concerns:

COD/ Coordinator:	Date:
Ministry Pastor:	Date:
Executive Office:	Date: