REQUEST FOR AUDIO AND/OR VISUAL EQUIPMENT

|  |  |  |  |
| --- | --- | --- | --- |
| Date ofEvent: | **DAY** | **DATE** | **TIME****am/pm TO - am/pm** |
| **Room****Assigned:** |  |
| **Description****of Event:** |  |
| **Contact Person:** | **NAME:** | **PHONE & EMAIL** |

AUDIO – VISUAL EQUIPMENT

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| **MICROPHONES** | **QTY** | **VISUALS** |
| Wireless Handheld |  | **Projector** (Small) Fellowship Hall or Meeting Room |
| WirelessHeadset |  | **Projector** (Large) Sanctuary Only |
| Lavalier’s |  | **MEDIA to be Submitted? (Circle All That Apply)**PowerPoint Video Other: |
| Other |  |
| Mic Stands-Podium |  | **Description:** What is being presented? |

MEDIA REQUESTED FOR \*\*\*WORSHIP SERVICES\*\*\*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **MEDIA** | **MINUTES** | **TRANSFER FORMAT:** | **Flash Drive** | **CD** | **DVD** |
| PowerPoint |  | **(Circle All That Apply)** |  |  |  |
| Video |  |  |  |  |
| Audio |  |  |  |  |
| **PASTOR APPROVAL****(Must be signed by Pastor Caleb)** | **(Caleb Hong) X**  |

SPECIAL REQUEST FOR VIDEO RECORDING OF EVENT

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| --- | --- | --- |
| **Video Record Event:** | **Yes**  | **No**  |
| **Editing of Video after Recording?** | **Yes**  | **No**  |
| **Delivery Format: (Circle one)** | **Flash Drive** | **- CD - DVD** |
|  | FEES |  |

|  |  |  |
| --- | --- | --- |
| Audio Tech Visuals Tech Video RecordingVideo Editing | $ 60 \*3 Hours or less$ 60 \*3 Hours or less$ 60\*3 Hours or less$ 60 \*3 Hours or less | Fees Pertain Only to Outside Groups(If we are creating visuals, additional time will be added to hours) |

Put completed form in AV Mailbox in the Church Office. If unsure what equipment you will need, complete the top box and put form in the AV Mailbox. An AV Tech will contact you. Date of Request

Updated as of 01/01/2023 FAITH UNITED METHODIST CHURCH OF ORLAND PARK