



Audio Request Form

Meeting/ Event Information

Requested By: _____

Meeting/Event Title _____

Contact person: _____ Contact phone: _____

Meeting/Event Date: _____

Event Start Time: _____ A.M./P.M. Event End Time: _____

Number of Microphones _____ Cordless Microphones _____

Lapel _____

Number of Speakers/Solo _____

Request to play CD or Cassette YES _____ NO _____

Name of CD/Cassette _____

Track number _____

Request to record: YES _____ NO _____

Special Request:

Please submit this request form to Media Ministry at least 10 days before your event for proper planning.