



A/V Request Form | Multi-Purpose Room

You will be contacted by The Family Center to discuss in further detail your A/V needs. Cancellation is required 5 days prior to the date of your event to be eligible for a full refund. Your signature on this form indicates your agreement with the uses, policies, procedures, and guidelines outlined in the attached policy.

Applicant Information

Applicant's Name: _____

Contact Phone Number: _____ E-Mail Address: _____

Event Details – only list the dates and times you need an A/V Technician

Date(s): _____ Start Time: _____ End Time: _____

AV Needs

Audio Item	Amount Needed
<input type="checkbox"/> Handheld wireless Microphones (3 available)	_____
<input type="checkbox"/> Headset wireless microphones (2 available)	_____
<input type="checkbox"/> Stage monitors (6 available)	_____
<input type="checkbox"/> Wired microphones (8 available)	_____
<input type="checkbox"/> Inputs for up to 4 instruments	_____
<input type="checkbox"/> Unedited audio recording (<i>one copy is included in the initial charge, multiple copies or editing will be an additional charge</i>)	_____
<input type="checkbox"/> Music in CD or iPod format	_____
Visual Items (<i>ALL videos, slides, images, etc must be submitted at least 48 hours prior to your event</i>)	Amount Needed
<input type="checkbox"/> Basic/simple visual display (image or looping video)	_____
<input type="checkbox"/> PowerPoint Presentation / video	_____
<input type="checkbox"/> Multiple visual needs (i.e. lyrics to songs, multiple video's, etc)	_____
TOTAL COST OF AV SERVICES:	\$375

(Please note that Family Center Staff will review this form, if it is determined that more than one A/V tech is needed, there will be an additional \$375 charge added to cover the second technician. You will be contacted before this is charged.)

I have read the policies governing the use of meeting rooms at The Family Center of Gap and agree to all uses, policies, procedures, and guidelines. By signing below, I agree to these terms.

Signature of Applicant / Printed Name

Date

Staff Use Only:

Form submitted to Tech for AV

Applicant Contacted about A/V needs.