



Today's Date: \_\_\_\_\_

# Sound/Lights/Multimedia Request Form

*Please return to frances@newhopehk.org or Ministry Center (Due 30 days prior to event)*

Ministry: \_\_\_\_\_ Ministry Leader: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Event: \_\_\_\_\_ Location: \_\_\_\_\_

Event Date(s): \_\_\_\_\_ to \_\_\_\_\_

Event Start Time: \_\_\_\_\_ Event End Time: \_\_\_\_\_

Estimated Number Attending: \_\_\_\_\_

***If you have your own operators, please provide their names:***

**Requesting a Lighting Operator:**  Yes or  No \_\_\_\_\_

**Requesting a Graphic Presenter Operator:**  Yes or  No \_\_\_\_\_

- **Photos / Video / Slides** - Must be in a digital format (PowerPoint or Keynote format preferred) and submitted 14 days prior to the event

**Requesting a Sound Operator:**  Yes or  No \_\_\_\_\_

- **Live Music:**  Yes or  No

Musicians & Vocalist Sound Check and Call Time: \_\_\_\_\_

List of Instruments: \_\_\_\_\_

- **Number of Musicians:** \_\_\_\_\_

- **Number of Vocalists:** \_\_\_\_\_

- **Number of Speakers:** \_\_\_\_\_ # Wireless Microphones \_\_\_\_\_  
# Wireless Lavalieres \_\_\_\_\_

Today's Date: \_\_\_\_\_

If the Event is offsite, the ministry leader and/or contact person must provide and arrange for transportation of sound equipment and support personnel.

THIS REQUISITION MUST BE RECEIVED NO LATER THAN ONE MONTH PRIOR TO YOUR EVENT.

**Contact person's responsibility:**

- Submit Program three days prior to event.
- Pick up and return all equipment.
- Review inventory list to verify receipt of all listed equipment.
- Check to see that all equipment is in good condition before and after event.
- Check off and sign inventory sheet upon returning equipment. Turn in completed sheet to the Ministry Center.
- Fill out repair request if necessary.
- Return all equipment to proper storage area.

**Contact Person's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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**\*\*TURN IN THIS FORM TO THE MINISTRY CENTER\*\***

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**TECH MINISTRY USE ONLY:**

Date Request Received: \_\_\_\_\_

Approved:  Yes or  No - Reason for disapproval: \_\_\_\_\_

Event assigned to and system inventory list created by: \_\_\_\_\_

Date equipment picked up: \_\_\_\_\_

Date equipment returned: \_\_\_\_\_

Condition of the equipment returned: \_\_\_\_\_

System checked in by: \_\_\_\_\_

Tech Team assigned to event: \_\_\_\_\_

Forward information to additional Personnel: \_\_\_\_\_