

Alpharetta First United Methodist Church A/V Request Form

Event Name: _____

Event Date: _____ Day of Week: _____ Location: _____

Setup Time: _____ Start Time: _____ End Time: _____

Recurring? Yes No If yes, will occur every _____ until (end date) _____

Submitted by: _____ Phone: _____

Calendar Request Made? Yes No Change to previously submitted request? Yes No

*Staff Approval: _____ (No request will be completed without staff approval)

**Submit at least 3 weeks prior to large events & 2 weeks prior to standard events.

***For assistance with any A/V needs, please contact aginn@afumc.org

Please check all of the following needed & describe setup in detail below.

- | | |
|---|---|
| <input type="checkbox"/> Vocal/Solo microphone | <input type="checkbox"/> DVDs of Production/Event |
| <input type="checkbox"/> Group microphone | <input type="checkbox"/> Projector |
| <input type="checkbox"/> Handheld microphone | <input type="checkbox"/> Screens |
| <input type="checkbox"/> Lavalier/Countryman wireless microphone | <input type="checkbox"/> TV |
| <input type="checkbox"/> Piano | <input type="checkbox"/> Blu Ray or DVD Player |
| <input type="checkbox"/> Monitors/Wedges | <input type="checkbox"/> Setup of Laptop or PowerPoint Presentation |
| <input type="checkbox"/> Sound System | <input type="checkbox"/> MediaShout/ProPresenter |
| <input type="checkbox"/> Cameras (recording by approved staff only) | <input type="checkbox"/> Extension Cords |
| <input type="checkbox"/> Video Switcher | |

FOR OFFICE USE ONLY

Received on: _____