

HOPE UNITED CHURCH AUDIO/VISUAL SUPPORT REQUEST FORM

Please allow at least two business weeks for processing of all Audio/Visual Support Requests. Place Completed Audio/Visual Support Request Form in the DIRECTOR of TECHNOLOGY box or emonroe@hopeumc.org

Ministry: _____

Contact Person's Name: _____ Phone No: _____

E-Mail: _____

Date Submitted: _____ Date of Event: _____

Event Set-Up Time: _____ Start Time: _____ End Time: _____

Event Title _____

Describe what will happen during the event that requires audio and/or visual equipment support?

Overhead Projector

DVD Player

Microphone ____ Quantity

CD Player

Flip Chart

Recording __ Audio __ Video

White Board

Other _____

Date Received: _____ Additional Cost: _____

Received From: _____ Contract Request: _____

Approved

Denied

Reason for Denial: _____

Processed By: _____

Assigned To: _____