

## Trinity Episcopal Church Audio-Visual Services Request Form

	Date of this request:		_ (at least FOUR WEEKS before the event)
Event Information:	Name of event		
Date of event	Beginning and end	ing time	Expected number of attendees
	back lawn, courtyard, sanctuar		ring the event
Contact Information	: Person organizing the eve	nt	
Phone: Home: Cell			
e-mail address:			
	hich audio-visual services yo		
Conne	ophone(s) ection to musical instruments: ection to recorded sound (musi _LaptopiPod, iPad, iPh	ic, speeches, q	uotes, etc.):
	d DVD playerVide		the time of scheduling the event. If not,
, ,	9 , 1		will be contacting you for details:
<b>a.) Audio:</b> <i>Micropho</i> Hand	ne(s): Please indicate which ty held; How many?	vpe of microph He	nones you will need and how many of each type eadset; How many? icrophone stand; How many?
	ier (clip-on); How many?	M	icrophone stand; How many?
<b>b.) Video:</b> Video proj	Input:S-video	HDMI	please provide further information belowRGB component
	Source:Laptop	iPod, iPad	Other: I, iPhone, other similar device teOther:
			r video source? (circle) YES NO
Please provide any		= -	s in providing your audio-visual services:

Trinity Church Office Use only: AV crew member \_