

Sound Request

Date of request _____

First Christian Church
243-6445 Phone 245-0054 Fax

Date Sound Needed: _____

Event Start Time: _____ Event End Time: _____

Event Name: _____

Event Contact Person: _____

Phone Number: Daytime _____ Home _____

Event Location - *Please circle all that apply (where you need sound).*

Sanctuary Fellowship Hall Barn Other _____

Please list number of mics needed in each location: _____

Special Instruction/Information for the Sound Technicians:

For Office/Sound Coordinator Use Only

Date Received: _____

Sound Technician Assigned _____

Notes: _____