

Sound & Lighting Request Form



Section A: Information Request Work

Date Requested _____ Requested By _____

Staff Member/Lay Person Responsible _____ Phone _____

Account Number to Charge _____

Date of Event _____ Time _____

Type of Meeting/Event _____

Areas to Be Used _____

Sounds Needed:

(Include Number of Microphones & Stands Needed)

Lighting Needed:

(Include Spotlights, if Needed)

Other Needs/Comments:



Section B: Media Department Use Only

Date Received _____ By _____

Assigned To _____

Calculation of Charges _____

Comments _____