

**The Ark Of Salvation**  
**AV Special Events Request Form**

Date of This Request: \_\_\_\_\_ Date Of Event: \_\_\_\_\_ Time: \_\_\_\_\_

Name of Event: \_\_\_\_\_

Nature / Description of Event: \_\_\_\_\_

\_\_\_\_\_

Person In Charge of Event: \_\_\_\_\_

Phone Number of Person In Charge: \_\_\_\_\_

Approximate Length /Time Event Will Take \_\_\_\_\_

Circle One: Children Teen Adult Family Other Event Number of people performing \_\_\_\_\_

Special Needs for Event: \_\_\_\_\_

If event is a play, who will give cues for music and or sound effects \_\_\_\_\_

Person in charge of giving mics to actors and or singers \_\_\_\_\_

Request to record on video Yes \_\_\_\_\_ No \_\_\_\_\_ Is script attached? Yes \_\_\_\_\_ No \_\_\_\_\_

Audio (mics / how many, sound effects etc.) \_\_\_\_\_

CD (music / etc.) Please list tracks and order on reverse side: \_\_\_\_\_

DVD Please list tracks and order on reverse side \_\_\_\_\_

LCD Projector: Yes \_\_\_\_\_ No \_\_\_\_\_ List requirements on reverse side

Other \_\_\_\_\_

**Approval Signatures**

Pastor: \_\_\_\_\_ DATE \_\_\_\_\_

Coordinator \_\_\_\_\_ DATE \_\_\_\_\_

**This form must be approved by the above signed and a copy given to the AV department no later than 2 weeks prior to the event. After form is filled out and approved, all Audio CDs and finalized Scripts for plays and or Videos with a written description of what is needed from them shall be given to the Audio Video department (Antonio or Peter) 2 weeks prior to the Event. A copy of this form should accompany these instructions.**

**Let's give God our BEST.**

Thank you