

*Please write or type in your information and return to the church office personally or email s.burden@firstandcalvary.org*

**GENERAL INFORMATION**

Requested by:		Date Submitted (Today):	
Class/Organization (if applicable):		Date of Event:	Day of Event (day of week):
Name of Event:		Time Needed: Beginning:	Ending:
Are you also the teacher/coordinator for the event?		If not, who would be an alternative contact?	

**CONTACT INFORMATION**

**In the event of last-minute details we need to arrange or answer questions we may have, it is be helpful to be able to contact you. Please provide a means for us to get in touch with you, should the need arise.**

Home Phone: (    )                      Cell Phone: (    )                      Email:

*Please be available at least 20 MINUTES prior to your event for a 'run through' of your media needs with our media technician*

**ROOM(S) REQUESTED  
(PLEASE CHECK ONE OR MORE BOX)**

***Written Form (Please check one or more box) OR Digital Form (Click on box to check statement)***

Fellowship Room <input type="checkbox"/>	Digital Projector <input type="checkbox"/>	Overhead Projector (transparencies) <input type="checkbox"/>
Reception Room <input type="checkbox"/>	Microphone at Podium <input type="checkbox"/>	Computer for PowerPoint or DVD/CD <input type="checkbox"/>
	DVD/VCR Projected <input type="checkbox"/>	Providing our own computer <input type="checkbox"/> PC <input type="checkbox"/> MAC <input type="checkbox"/>
Classroom (Please provide Classroom#) <input type="checkbox"/>	Portable Digital Projector <input type="checkbox"/>	Overhead Projector (transparencies) <input type="checkbox"/>
	Microphone at Podium (C. #115 only) <input type="checkbox"/>	Portable Screen <input type="checkbox"/>
	Computer for PowerPoint for DVD/CD <input type="checkbox"/>	TV/DVD/VCR Combo Unit <input type="checkbox"/>
	Providing our own computer <input type="checkbox"/> PC <input type="checkbox"/> MAC <input type="checkbox"/>	

Atrium <input type="checkbox"/>	Microphone Needed <input type="checkbox"/> If more than one is needed, how many?  Additional Needs:
Sanctuary <input type="checkbox"/>	
Multi-Purpose Room <input type="checkbox"/>	

**SPECIAL REQUESTS AND INSTRUCTIONS (Be Specific!)**

Please use this area for special instructions and details pertaining to your request.

**Special Request:**

**Special Instructions:**

**Use this area for set-up diagram if necessary:**

**OFFICE USE ONLY (Revision 3:9/11/06)**

**APPROVED:** \_\_\_\_\_

- Copes Given To:**
- Media
  - Church Administrator
  - Form Originator

**APPROVAL DATE:** \_\_\_\_\_

**To Access Form Internally:**  
**UsersonFacserverM: Formssb: MediaRequestForm**  
**Submit Form To: SHARON BURDEN**  
**Church Administrator**