



FACILITIES SUPPORT SERVICE FORM

Complete the form below and submit it to the Department Head.

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GENERAL INFORMATION

Name:	Date:
Submitted by (include title):	
Ministry:	Ministry Leader:

EQUIPMENT REQUEST

Audio Equipment			
<input type="checkbox"/> Amp (Bass)	<input type="checkbox"/> Avioms	<input type="checkbox"/> Keyboard Stand	<input type="checkbox"/> Microphones (Praise Team)
<input type="checkbox"/> Amp (Large)	<input type="checkbox"/> Drum Cage	<input type="checkbox"/> Keyboard Stool	<input type="checkbox"/> Monitors
<input type="checkbox"/> Amp (small)	<input type="checkbox"/> Drum Kit	<input type="checkbox"/> Microphone (Wireless)	<input type="checkbox"/> Sound Board
<input type="checkbox"/> Aviom Headphones	<input type="checkbox"/> Drum Stool	<input type="checkbox"/> Microphone Stands	<input type="checkbox"/> Speakers
<input type="checkbox"/> Aviom Stands	<input type="checkbox"/> Keyboard	<input type="checkbox"/> Microphones (Choir)	<input type="checkbox"/> Other _____
Video Equipment			
<input type="checkbox"/> DVD Player	<input type="checkbox"/> Media Cart	<input type="checkbox"/> Television (Big Screen)	<input type="checkbox"/> Video Screen (Fixed)
<input type="checkbox"/> Extension Cord (Heavy-duty)	<input type="checkbox"/> Power Strip	<input type="checkbox"/> Television (Flat Panel)	<input type="checkbox"/> Video Screen (Portable)
<input type="checkbox"/> Extension Cord (Household)	<input type="checkbox"/> Projector	<input type="checkbox"/> Television (Regular)	<input type="checkbox"/> Other _____
<input type="checkbox"/> Laptop Computer	<input type="checkbox"/> Screen	<input type="checkbox"/> VCR	<input type="checkbox"/> Other _____

FURNITURE REQUEST

<input type="checkbox"/> Chairs (Black- Handle)	<input type="checkbox"/> Choir Risers	<input type="checkbox"/> Table Skirt (8' White)
<input type="checkbox"/> Chairs (Brown- Handle)	<input type="checkbox"/> Lectern (Lectern)	<input type="checkbox"/> Tables (40' Round- Metal)
<input type="checkbox"/> Chairs (Brown- Hi-Back)	<input type="checkbox"/> Pipe and Drape (Panels)	<input type="checkbox"/> Tables (6' Rectangular- Plastic)
<input type="checkbox"/> Chairs (Brown- Low-back)	<input type="checkbox"/> Pipe and Drape (Poles)	<input type="checkbox"/> Tables (6' Rectangular- Wood)
<input type="checkbox"/> Chairs (Burgundy- Padded)	<input type="checkbox"/> Podiums (Acrylic)	<input type="checkbox"/> Tables (60" Round- Wood)
<input type="checkbox"/> Chairs (Gold- Folding)	<input type="checkbox"/> Staging	<input type="checkbox"/> Tables (8' Rectangular- Plastic)
<input type="checkbox"/> Chairs (Orange- Handle)	<input type="checkbox"/> Stanchions	<input type="checkbox"/> Tables (8'- Rectangular- Wood)
<input type="checkbox"/> Chairs (Pulpit- South)	<input type="checkbox"/> Table Linen (8' Black)	<input type="checkbox"/> Tables (Pentagon- Metal)
<input type="checkbox"/> Chairs (Pulpit- West)	<input type="checkbox"/> Table Linen (8' White)	<input type="checkbox"/> Other _____
<input type="checkbox"/> Chairs (Tan- Folding)	<input type="checkbox"/> Table Skirt (8' Black)	<input type="checkbox"/> Other _____

(see reverse side to select room configuration)



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ROOM CONFIGURATION

Circle your desired room configuration

<p>Auditorium</p>	<p>Banquet</p>	<p>Boardroom</p>	<p>Cabaret</p>
<p>Cafeteria</p>	<p>Circle</p>	<p>Classroom</p>	<p>Conference</p>
<p>Herringbone</p>	<p>Hollow Square</p>	<p>Lecture/Theater</p>	<p>Reception</p>
<p>U-Shaped</p>	<p>U-Shaped Plus</p>	<p>Custom</p>	

<p>Total #:</p> <p>_____ Chairs</p> <p>_____ Tables</p>	<p>Set-up Notes:</p>
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