



TECH SUPPORT REQUEST FORM

Use of this form is to
ensure proper technical
support for your event.
Please submit at least 4
weeks in advance.

Name _____ Phone _____

Event _____

Day(s) of the week: (Please circle)

Sunday Monday Tuesday Wednesday Thursday Friday Saturday

Date(s) _____ Time: beginning _____ ending _____

Room(s) _____

List equipment/support needed (i.e. microphones, projector, sound system, recording, etc.)

Has a Church Event Request Form or Building Use Request Form been submitted for this event? No ____ Yes ____ (Please circle submitted form) If yes, has it been approved?

No ____ Yes ____ Additional Comments: _____

Office Use Only

Date Request Received _____ Date Notified of Approval _____

Approved by: _____