Family Center Sound Request

Ministry _____ Date Submitted _____

Contact _____ Date Requested _____

Phone _____ Email _____

Equipment Needed:

- ☐ Family Center Sound System (CD player, DVD player, VHS player)
- ☐ Mic's ____ (how many?)

I would like to show:

- ☐ a video clip from a DVD
- ☐ a video clip from a VHS

No PowerPoint or computer generated presentation available

Approved by: ***Children's Assistant Director_____***

AV/IT Approval _____