

# **AUDIO DEPARTMENT REQUISITION**

How many rehearsals are planned? \_\_\_\_\_

List all rehearsal dates	Start time	Anticipated End time
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_____	_____	_____
_____	_____	_____
_____	_____	_____

Service time ministering: \_\_\_\_\_

Date and time to see external venue [if applicable]: \_\_\_\_\_

List all instruments needed: \_\_\_\_\_

## **Equipment Needs** (check all that apply):

- Televisions       # of Microphones \_\_\_\_\_       PowerPoint       VCR
- DVD       CD       Cassettes Tapes       Recorded Message
- Lights       Track/ Song: \_\_\_\_\_

Specific Lights Needed: \_\_\_\_\_

Opening cues: \_\_\_\_\_

Closing cues: \_\_\_\_\_

Are technical riders attached?     Yes     No

The signature below confirms that this department will assist with the event/activity on the date and specified time shown on the cover sheet.

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date