



# FACILITIES SUPPORT SERVICE FORM

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

1 of 2

## GENERAL INFORMATION

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

## EQUIPMENT REQUEST

<b>Audio Equipment</b>			
<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 _____
<b>Video Equipment</b>			
<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)



# FACILITIES SUPPORT SERVICE FORM

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

2 of 2

## ROOM CONFIGURATION

Circle your desired room configuration

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

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