

**CBCM MEDIA DEPARTMENT (MeD)
REQUEST FORM FOR AUDIO/VIDEO ASSISTANCE AND EQUIPMENT**

Requester: Complete the gold areas below. **MeD Deacon:** Review; complete the green areas below.

- Electronically** submit this document to media.dept@cbcm.org **at least 2 weeks in advance** to ensure your event's needs can be met. Due to limited inventory, there is no guarantee that all requested items will be available.
- Upon return, ensure that all borrowed items are in working order. Inform a deacon if you experience any problems.

REQUESTER POINT OF CONTACT			
Name		Email	Phone

EVENT DETAILS & DESCRIPTION OF A/V NEEDS	
Name	
Date(s) @ Time Frame	
Location	
Sponsoring Dept.	
A/V functions intended for this event?	
Need operators for audio, visual, or both?	
IF BRINGING EQUIPMENT OFF-SITE	
Pick Up Date @ Time	
Return Date @ Time	

REQUESTED INVENTORY	QTY	YES	NO	IF NO, COMMENT:

Sponsoring Dept. Deacon <i>(Name and date the affirmed request)</i> <i>Name, Date</i> Note:	Media Dept. Deacon <i>(Name, date, and check Yes/No above. Send to requester's email as confirmation.)</i> <i>Name, Date</i> Note:
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