

AUDIO VISUAL MINISTRY

MOUNT CALVARY BAPTIST CHURCH

Dr. Claybon Lea, Jr., Senior Pastor

REQUEST FORM ~

(Two-Sided Form)

SIGNED/APPROVED BY: _____

Division Director

Print Name _____

DATE: _____

To allow for sufficient coverage please submit your request 30 days prior to your event

CONTACT NAME: _____ CONTACT PHONE: _____

E-MAIL ADDRESS: _____ ALTERNATE PHONE: _____

EVENT: _____ DAY & DATE OF EVENT: _____

	DAY 1		DAY 2		DAY 3	
Time of Event	AM/PM	AM/PM	AM/PM	AM/PM	AM/PM	AM/PM

Include start and end time and circle AM or PM per day

SELECT (x) CAMPUS LOCATION:

FAIRFIELD CAMPUS-1735 Enterprise Drive, Bldg 3	SUISUN CAMPUS-601 Whispering Bay Lane
<input type="checkbox"/> Main Sanctuary	<input type="checkbox"/> Main Sanctuary
<input type="checkbox"/> Fellowship Hall	<input type="checkbox"/> Church Annex
<input type="checkbox"/> Conference Room # _____	<input type="checkbox"/> Conference Room # _____
<input type="checkbox"/> Conference Room # _____	

ADDITIONAL INFORMATION:

SELECT (x) EQUIPMENT NEEDED :

- Full Audio Visual Package Handheld Mic Only Lapel Mic
 Audio (sound) Video Screen Multiple Mics _____qty

Other: _____

Record Worship Service: () Yes () No Sale of Recorded Worship Service: () Yes () No

Record DVD: () Yes () No Record CD: () Yes () No

If you have any questions please email us at: avministry@mountcalvarychurch.org

Please submit completed form to your Division Director

(Revised: Dec13, 2010)

SALES INFORMATION:

Media Title (Event Name): _____

Biblical Reference: _____

Guest Pastor/Speaker: _____

Guest Pastor/Speaker: _____

Guest Pastor/Speaker: _____

Special Package Cost - select (✓) preferred package:

() 2 - 3 - 4 DVD Package Cost: \$ _____

() 2 - 3 - 4 CD Package Cost: \$ _____

Single Media Purchase:

\$ _____ per CD (Compact Disk)

\$ _____ per DVD (Digital Video Disk)

Additional Info: _____

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