

SOUND SYSTEM REQUEST FORM

Date: _____

| Please Print | | | | |
|---|--|------------|---|--|
| Person Requesting Service: | esting Service: Organization: nbers: (work) (cell) Email: | | | |
| Contact Numbers: | (work) | (cell) | Email: | |
| Event Name: Location of Event: | | | | |
| Event Date: | Event Start Time: | | Event End Time: | |
| SERVICE REQUESTED | | | | |
| Full Sound System (include | 5) | | | |
| Sound Engineer will be c at the end of event. | n site to set up speakers, mic | crophones | es, monitor sound system and break down equipment | |
| | Fees for | Full Sour | und System | |
| | - | | e 1 st hour | |
| | • | each add | dditional hour | |
| *A quote and invoice wil | l be provided for services. | | | |
| Portable Sound System (inc | udes) | | | |
| No charge to use portabl | e system | | | |
| Individual will be response | sible to pick up, check out an | d return v | with Choctaw Video. | |
| | rtable Sound System will be c | harged. | | |
| * Sound Engineer is una | vailable for portable. | | | |
| Description of Sound Services | Needed: | | | |
| | | | | |
| | | | | |
| | | | | |
| *All requests MUST | be submitted to the Public I | nformatio | ion Office at least <u>7 days</u> before the event. | |
| *Funeral reque | st <u>MUST</u> be made during arra | angement | nts with Family & Community Services. | |
| SIGNATURE (REQUI | RED) | | DATE | |
| *** RETURN FORM | 1 TO THE OFFICE OF | PUBLIC | C INFORMATION OR BY EMAIL TO: | |
| | diana.solomon@ | | | |
| | | | 1 | |
| Office Use Only Date Received: | _ Initials | | | |

Approved
Disapproved
PI Manager _____