

# First Presbyterian Church Marietta Audio Visual/Technology/Presentation Support Request

--- Please Submit 72 hours in Advance ---

Date Request  
Submitted: \_\_\_\_\_ Submitted by: \_\_\_\_\_ Phone: \_\_\_\_\_

Please Print Your Name Legibly

Time: \_\_\_\_\_ AM PM E-mail: \_\_\_\_\_

## Please Check All That Apply:

- |   |   |
|---|---|
| <input type="checkbox"/> <b>New Request/Facilities Usage Request Form Completed</b> | ----- <b>Presentation Support Needs</b> -----   |
| <input type="checkbox"/> <b>Deletion/Cancellation</b>                               | <input type="checkbox"/> Microphone <input type="checkbox"/> Laptop/Computer <input type="checkbox"/> Screen    |
| <input type="checkbox"/> <b>Change to Previous Request</b>                          | <input type="checkbox"/> Music/CD Player <input type="checkbox"/> Projector <input type="checkbox"/> TV/DVD/VCR |
| <input type="checkbox"/> <b>Facility Usage Form Complete?</b>                       | <input type="checkbox"/> AV Recording <input type="checkbox"/> Internet Access <input type="checkbox"/> Other   |

Name of this event/Set-up/Request?: \_\_\_\_\_

- |   |   |  |                                      |
|---|---|--|--------------------------------------|
| <input type="checkbox"/> Speed Building – room number: _____  | <input type="checkbox"/> Holland Hall                                 | <input type="checkbox"/> Gathering Space | <input type="checkbox"/> Track 25    |
| <input type="checkbox"/> Patton Building – room number: _____ | <input type="checkbox"/> Great Hall                                   | <input type="checkbox"/> Sanctuary       | <input type="checkbox"/> Youth Room  |
| <input type="checkbox"/> Cotten Building – room number: _____ | <input type="checkbox"/> Pastors' Conf. Rm.                           | <input type="checkbox"/> Library         | <input type="checkbox"/> Glover Room |
| <input type="checkbox"/> Tech Support Needed? ___Yes ___No    | <input type="checkbox"/> Format approved by IT Director? ___Yes ___No |  |                                      |

--- Pls. provide/e-mail diagram of the room/equipment staging/set-up if necessary ---

Date(s) Needed: \_\_\_\_\_ Day(s) of the Week: \_\_\_\_\_ Time: \_\_\_\_\_

Admin Use Only:

- |   |  |
|---|--|
| <input type="checkbox"/> Master Calendar RSVP Confirmed By : _____          | Fee(s)<br><input type="checkbox"/> Rec'd: \$ _____ |
| <input type="checkbox"/> Request(s) <u>NOT</u> available/notified By: _____ | Date : _____                                       |