

# CHS AUDITORIUM EVENT REQUEST FORM

Organization: \_\_\_\_\_

Event Date (s): \_\_\_\_\_

Event Time (s): \_\_\_\_\_

Contact Person: \_\_\_\_\_

## Contact Information

E-Mail: \_\_\_\_\_

Phone: \_\_\_\_\_

Alternate contact: \_\_\_\_\_

## Required Equipment (Please check all that apply):

- Stage Podium
- Podium on the floor
- Podium Microphone
- Lapel Microphones and number needed:
- Handheld Microphones and number needed:
- Boom (Overhead) Stage Microphones
- Screen
- Laptop Cart with Projector
- Deaf Interpreters' podium/lights/chairs
- Special Lighting (please specify below)
- Other Instructions or Special Requirements (Please be specific)

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You will be contacted by the Auditorium Director **1 week prior to the event** to review your needs.

The Auditorium Director will determine the number of sound and lighting technicians needed for the event for billing purposes.

**RETURN THIS FORM 2 WEEKS PRIOR TO EVENT TO: [Hannah.sisler@championlocal.org](mailto:Hannah.sisler@championlocal.org).**