

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)

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: Dan.Weston@championlocal.org