

AUDIO SERVICES REQUEST FORM

Please use this form when requesting audio services for Music Department concerts and recitals. It would be greatly appreciated if you could complete this form when planning your event, but if that's not possible, please give me at least two weeks advance notice.

Thanks, Dan Wood

Name: _____

Group: _____

Event Date: _____

Event Location: _____

Start Time: _____ Dates: _____

End Time: _____

Do you wish for Dan Wood specifically to record this event? YES NO
If "NO" then another trained audio technician may record the event.

What days and times are reserved for the event so that equipment may be set up?

Is there a Dress Rehearsal? NO YES

If YES, when/where is it? _____

DO you need any sound reinforcement for the event? (PA, microphones, etc.)

NO

YES

if YES, I will contact you to discuss

Do you need an electronic keyboard? (Yamaha Motif 8)

NO

YES

if YES, I will contact you to discuss

FACULTY MEMBER: How many additional copies of the CD do you wish for yourself? _____

STUDENT: How many additional copies do you wish? ____ Extras are available for \$6 each.

If you wish them mailed please supply info below:

If there is anything else that you think might be helpful for me to know, please provide a brief description on the back of this page.