



砂谷生命河靈糧堂
River of Life Christian Church
Ling-Leung World Wide Evangelistic Mission

F-2

Office Use Only

F-2 Audio/Video/Visual Supporting Application Form

F-2 v.4.1

EVENT CONTENT

Event Name		Date	
Owner & Event Content			
Coordinator	First Name	Last Name	E-mail
	Cell Phone#	Work Phone#	Home Phone#

LOCATION/DATE/TIME

Room Name/Number	Date	*Time Duration	Purpose	**Remark

WORSHIP

Person in Charge	First Name	Last Name	E-mail
	Cell Phone#	Work Phone#	Home Phone#
Team Members	Band	Vocalists	
Instruments	<input type="checkbox"/> Keyboard <input type="checkbox"/> Guitar <input type="checkbox"/> Drum <input type="checkbox"/> Violin Others _____		

CHOIR

Person in Charge	First Name	Last Name	E-mail
	Cell Phone#	Work Phone#	Home Phone#
Stage Position			
Special Presentation			
Special Audio Requests			

AUDIO/VIDEO/VISUAL

Audio/Video	<input type="checkbox"/> Sound Man	<input type="checkbox"/> Audio Recording	<input type="checkbox"/> Video Recording	<input type="checkbox"/> Big Screen Only
Visual	<input type="checkbox"/> DVD	<input type="checkbox"/> PPT	<input type="checkbox"/> Overhead Projector	
Power Point	<input type="checkbox"/> Automatic	<input type="checkbox"/> Manual Control	<input type="checkbox"/> Music Attached	

REMARK

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*Including rehearsal, decoration, set up, clean up time. **If need Facility Reservation and/or Equipment, please also fill out form F-1 & F-3 ***Please submit this form with F-1 or contact Flora Yim 408-260-0257 x 128, wai168us@yahoo.com

F-1 F-3 Attached

Submit by: _____ Phone#: _____ E-mail: _____ Date: / /