

## SOUND TECHNICIAN – Center for Hope and Fellowship Hall

Please complete this form if you are requesting the use of sound or video for your event.

Payment is required prior to the event.

Name : \_\_\_\_\_

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

Email Address: \_\_\_\_\_

Name of Group, Organization or School: \_\_\_\_\_

Estimated number of audience: \_\_\_\_\_

Desired Length of time requested: \_\_\_\_\_

Date of Event: \_\_\_\_\_

Time of Event: \_\_\_\_\_

Sound Technician

\$55.00 for 2 hours (**if available**)

\$15.00 for each additional hour