MEDIA REQUEST FORM

Today's Date: _____

Team Leader: _____

Team Name: _____

Date of this Rehearsal: _____

Date of Upcoming Event: _____

Number of team members participating on this day: _____

Number of microphones needed: _____. How would you like them arranged? Use back of form to draw a diagram if needed.

Number of songs: _____

Do you need special lighting or sound effects? If so explain: _____
_____
_____
_____
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_____

Our desire is to be a team of excellence. Your completion of this form will help us to reach that goal. Thank you.

Received By: _____Assigned to: _____Date_____