

Sound Use Form

The Name of the Group or Person Requesting Sound:

1. Date: _____ Start Time: _____ End Time: _____

2. Instruments Needed:

3. Microphones Needed: _____

4. Wireless Microphones Needed: _____

5. Monitor Mixes: _____

6. Please list any other requirements for the date requested:

*****If you are a full band requesting the use of the PA and Stage Area please
provide a stage plot for the Date Requested*****

All Dates and Times **must be approved in advance** by the Director of Worship,

Scott Monetti. Please contact Scott with this form either by email or phone.

Many Blessings,

Scott Monetti

rockrollkid@embargmail.com

(908) 818-1468, Ext. 3