## SPECIAL EVENT SOUND QUESTIONNAIRE

Canyon Chapel Event Coord	inator:			
Email Address:				
For what event is use of sound system being requested?				
(Please list separately for each day	v using Canyon Chapel Sound	d System)		
Event Date(s):				
Beginning:	(Please Circle One) a.m. / p.m.	Ending:		(Please Circle One) a.m. / p.m.
Event Date(s):				
Beginning:	(Please Circle One) a.m. / p.m.	Ending:		(Please Circle One) a.m. / p.m.
Event Date(s):				
Event Date(s): Beginning:	(Please Circle One) a.m. / p.m.	— Ending:		(Please Circle One) a.m. / p.m.
Arrival time for initial setup	on first day of event:			
Principal contact for group re				
Email Address:				
*Do you require platform to (Canyon Chapel Sound Repr	be cleared of drum set a	nd other eq	uipment for your event	?YesNo
Sound Equipment and Quant	ity Requested:			
Wireless Hand-Held Mic	Lapel Mic:		Lavalier Mic:	
Vocal Mics/Cables:	Regular Mic Stands		Boom Mic Stands:	
Other Microphones:	for what purpose(s)			
Instrument Cables:				
Casio Keyboard:	Drum Set:		Bass Amp:	
Three (3) ceiling monitors as (Specify) Ipod connection available for				able upon request.

Video/Projection must be requested separately.