

Instructional Multimedia Center



OFF CAMPUS ORGANIZATION SOUND REQUEST

Date of request a.m. _____ p.m. to _____ Time event takes place	Group holding event a.m. _____ p.m. _____	Event date _____	Day of week _____
Where event is to be held		Expected attendance	

Purpose or name of event

Request for: **Stadium PA**

1 hard-wired microphone on tabletop stand
 1 wireless microphone
 Mixer for field level microphone use
 Headsets

Gymnasium PA

1 hard-wired microphone on tabletop stand

Technician on hand during entire event

The group/organization shall be responsible for damage or unnecessary abuse of school building, grounds or equipment growing out of occupancy of said premises. The group/organization agrees to abide by and enforce the *Rules and Regulations* of the Antelope Valley Community College District governing the use of the buildings, grounds and equipment.

Print name of requester _____	Signature _____
Day phone number _____	Evening phone number _____

FOR IMC USE ONLY

Estimated cost of IMC staff for event:

name	position	estimated number of hours	X	rate per hour	=	estimated subtotal
name	position	estimated number of hours	X	rate per hour	=	estimated subtotal
						estimated total

Date request received in IMC _____ By _____ initial _____ IMC Technician available? Yes No _____ initial _____

Event scheduled and approved by Facilities? _____ date called _____ facilities staff approving _____ IMC staff initials _____

Coordinator's approval? Yes No _____ initial _____ Notations _____