

# Request Form for MMBC Audio Ministry

Today's Date: \_\_\_\_\_



## Contact Information

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

Telephone #: (h) \_\_\_\_\_ (w) \_\_\_\_\_

Name Of Organization: \_\_\_\_\_  
(Ministry)



## Event Information

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

Name of Event/program: \_\_\_\_\_

Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_

Services Needed: \_\_\_\_\_

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Please turn in request form to the Church Office at least **30 days** prior to the event. If **No** request form is received there **will NOT** be a person from the Audio Ministry there to work the equipment. **Please fill out the whole Form.**

Thanks,  
MMBC Audio Ministry

