

**Christian Renewal Center
Audio/Visual
Check-in/out**

Retreat Date _____ Group Name _____

Contact Name _____ Contact Number _____

*Please note**4 Microphones with the Stands will be automatically setup for Eugene Hall and the Chapel. If you need any additional microphones please indicate below.*

Location	# of Microphones	# of Mic. Cables	# of Mic. Stands	# of ipod Cables
Eugene				
Oblate Hall				
Marian Hall				
Chapel				

Special Request: *Please indicate the number that you require. Please note the number in parenthesis is how many we have in inventory.*

- ___ Wireless Lapel Microphone (1)
- ___ Instrument Cables with ¼" plugs (4)
- ___ Direct Boxes (2)
- ___ LCD Video Projector and cable **must provide your own laptop

Check out date _____ Staff Initials _____
 Check in date _____ Staff initials _____

Please note any equipment failures that might occur during your visit in the notes below. Example: a microphone cable failed.

Special Notes:

Retreat contact signature _____