

ARCADIA HIGH SCHOOL

Sound Crew Request Form



IMPORTANT:

THIS FORM MUST BE SUBMITTED TO THE ASB OFFICE ALONG WITH ACTIVITY APPLICATION

ORGANIZATION (Please specify if Booster Club*)	Contact Name	Contact Number
Contact E-mail		

Activity Name: _____

Description: _____

Start Date	End Date	Start Time	End Time	LOCATION
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Equipment Requested:

<input type="checkbox"/> Microphone	_____ (Qty)	<input type="checkbox"/> CD Player	_____ (Qty)
<input type="checkbox"/> Microphone w/ Stand	_____ (Qty)	<input type="checkbox"/> Cassette Player	_____ (Qty)
<input type="checkbox"/> Cordless Microphone	_____ (Qty)		

***Microphone w/ Podium** – Must use Facility Request Form (not provided by Sound Crew)

_____	_____	X	_____
Advisor Name (Print)	Advisor E-mail	Advisor Signature <i>(Not Required if E-mailed directly by Advisor)</i>	Date

ASB USE ONLY:

Activity Approved?: Yes No _____

Date _____ **X**
Signature of Activities Director

SOUND CREW USE ONLY:

Crew Members: _____

Set-Up Time	Break-Down Time	Total Time:
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Equipment Needed _____

Crew Member Sign-In X	X
	*Signature of School Administrator/Soundcrew Advisor/Custodian
Crew Member Sign-Out X	X
	*Signature of School Administrator/Soundcrew Advisor/Custodian