

Renaissance Homeowners Association, Inc.
Sound and Video Services Request Form

Group: _____ Date: _____

Contact: _____ Address: _____

Signature: _____

Tel.: _____ Cell: _____ Email: _____

Event Name: _____ Date of Event: _____

Set Up Time: _____ Start Time: _____ End Time: _____

Number of tables _____ Number of attendees _____ Dance Floor (Y/N) _____

Type of Event: Lunch/Dinner _____ Meeting _____ Performance _____ Presentation _____ Other _____

Description of Event: _____

Location of Event: _____

Special Instructions: _____

Equipment Requested:

_____ Wired microphones (Qty) _____ Microphone Floor Stands (Qty)

_____ Wireless microphones (Qty) _____ Microphone Table Stands (Qty)

_____ 27" TV w/VHS/DVD player _____ Boombox System

_____ DVD/Blu-Ray Player _____ Karaoke System

_____ Laptop hookup (specify): HDMI _____ Mac _____ S-Video _____ VGA _____ Other _____

_____ Powered Speakers (specify): Small _____ Large _____

_____ Projector (specify): Center _____ Right side _____ Portable _____ Other _____

_____ Video Screen (specify): Center _____ Right side _____ Portable _____ Other _____

Other requests: _____

Outside Entertainer:

Group Name: _____ Contact: _____

Tel.: _____ Cell: _____ Email: _____

Connection to in-house equipment: (Y/N) _____ Type of connection (Mono/Stereo): _____

Equipment connection: 1/4" TRS _____ Ipad/Ipod _____ Laptop (PC/Apple) _____ RCA _____ XLR _____

(circle one)

NOTE: TO CANCEL THIS EVENT CALL FRONT DESK 732 657-2700 DURING BUSINESS HOURS
ALL OTHER TIMES CALL 732 849-6112 OR 848 227-3295, KEEP A COPY FOR YOUR RECORDS

Technical Production Committee:

Received on: _____ Confirmation tel./email/vmail sent: _____

Processed by: _____ Tel.: _____ Cell: _____

Email: _____ Accepted: _____ Denied: _____

Comments: _____