
Date of Request



CREATIVE ARTS REQUEST FORM

**You must fill out a Calendar Request for this event. All forms need to be submitted within 21 office days prior to your event and approved by our Creative Arts Team.*

Event Name: _____

Name of Requester: _____

Event Date(s): _____

Event Location: _____

****Events held in the Main Worship Center REQUIRE a minimum of 2 Production Techs****

Short Description of

Event: _____

Name/Contact Information:

Equipment Needed:

INDOOR: _____

Audio System _____ Microphones (How Many?) _____ Lighting System (Color/ Special Look?) _____

Pro Presenter (Slide show/Video?) _____.

Live Stream _____ Start time: _____ End Time: _____ *All Live streams are streamed to our website*

Video System _____ (Camera Operators, IMAG on Projectors, Video Director, etc)

OUTDOOR: _____

Outside Audio System _____

Outside Lighting _____

GRAPHICS:

Slide Design (What should it look like?) _____

Slide Information (What EXACTLY does it need to say?)

Date/ Times to put on slide? _____

Location to put on slide? _____

Schedule Meeting to discuss Graphic: Date/Time: _____

****If you have your own graphic please send it in an email to Tyler Stidham: tstidham@crosswaterchurch.net**

*****ANY Graphic displayed in LOOP is subject to approval/ re-design by Tyler Stidham.**

Please contact Tyler Stidham for more information or any questions

Email: tstidham@crosswaterchurch.net

Phone: 904-824-9800 (ask for Tyler)

For Office Use Only

Authorized By:

Tyler Stidham _____

Brent Halvorsen _____

Comments:

