

Mobile Ministry Unit Reservation Form

Organization name _____

Contact name _____

Email address _____

Mailing Address _____

City _____ State _____ Zip _____

Phone numbers Office _____

Home _____

Cell _____

Fax _____

Additional contact for event day _____

Cell phone for above _____

Name of event _____

Location of event _____

Directions to event _____

Event Date _____

Event starting time _____

First sound check _____

M.M. Unit arrival set up time _____

Four set up and tear down helpers needed:

1.) _____

2.) _____

3.) _____

4.) _____

They may double as spotlight operators at night if needed.

Overnight security person (if needed) _____

Number of bands for the event _____

Types of bands or groups _____

Band 1 check applicable items

Drums _____ Keys _____ Lead _____ Bass _____

Rhythm _____ Vocal mics needed # _____

Band 2

Drums _____ Keys _____ Lead _____ Bass _____

Rhythm _____ Vocal mics needed # _____

Band 3

Drums _____ Keys _____ Lead _____ Bass _____

Rhythm _____ Vocal mics needed # _____

Band 4

Drums _____ Keys _____ Lead _____ Bass _____

Rhythm _____ Vocal mics needed # _____

Speaker name _____

Contact info for speaker Cell _____

Email _____

Type of mic for speaker: Handheld wired _____

Handheld wireless _____

Head set wireless _____

Circle one: Power Point or Media Shout

Please make honorariums payable to: Lima District UMC

Mail to Neal Whitney 110 Gregory Lane Elida, OH 45807

To contact Neal: cell 419-231-0226 home 419-339-8111

Email nealwhitney@woh.rr.com