**1 - 866 - AV4 - RENT**
**Fax 1 - 989 - 386 - 0460**
**P.O. Box 236 Clare, MI 48617**

**SOUND PRODUCTIONS AUDIO VISUAL**

Customer _____

Called/Faxed In By: _____

Day(s) _____ Date(s) _____

Sales Person _____

Earliest Set Up Time _____

Start Time _____

End Time _____

Latest Time For Removal

Day _____ Time _____

Group Attending _____

Contact Person _____

Room _____ Expected Attendance _____

| Quantity | Description | Charge |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

Special Instructions/Notes: