

SOUND EQUIPMENT NEEDS

Due May 15

Superintendent Name: _____ Phone Number: _____

Department/Location: _____

Date _____ Start Time: _____ End Time: _____

Date _____ Start Time: _____ End Time: _____

Date _____ Start Time: _____ End Time: _____

Where/location: _____

What do you need: _____

Attach a chart of your area for sound location.

Important: If no one is available to pick up your sound equipment you are responsible to return it to the Premium & Awards Office.

Return completed form to: Clark County Fair
17402 N. E. Delfel Road ♦ Ridgefield, WA 98642 ♦ Fax (360) 397-6185
Email: ccfair@clarkcofair.com

Office use

Copy to: John, Jason, Sandi

Date: _____