

Lighting System Information Report

Please answer the questions below, please call with any questions.

Church Name _____

Address _____

City _____

State _____

Contact Person _____

Phone _____

Email Address: _____

Check Which applies:

1) Please attach a list of existing equipment to be used

Qty	Description	Qty/Manufacture	
_____	Ellipsoidals 750 watt	_____	Sanctuary circuit
_____	Ellipsoidals 500 watt	_____	Additional Circuits
_____	Freanels 750 Watt		
_____	Freanels 500 Watt	_____	Connector strip lenght x circuits
_____	Par 64 1000 watt	_____	Connector strip lenght x circuits
_____	Par 56 1000 watt	_____	Connector strip lenght x circuits
_____	Par 64 500 watt		
_____	Par 56 500 watt		
_____	Cyc 1000 Watt	_____	Wall or rack mount dimmers
		_____	Dimmer Packs
_____	400 Cp		
_____	404 Cp		
_____	408 Cp		