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Church Name & address:

Church Phone #:

Contact Name:

Contact Number:

Church Audio System Questions

Audio-importance

Notes:

1. IMPORTANCE Please rank the following questions:

	Not very	Low	Medium	High
a. How important is the spoken word in your worship service?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. How important is congregational singing/participatory worship?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. How important is the choir/choral music to your worship service?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. How important is instrumental music in your service?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. How important are praise team vocals in your worship service?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. VOLUME Use the "Notes" section to elaborate. *=C Weighted

	70-80db*	80-90db*	90-100db*	concert
a. What volume are your current services conducted at?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. What volume will your special events require?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. If you have concerts, what volume would you like to run them at?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Church Audio/Video System Questions

Audio-inputs

3. What Instruments do you anticipate using?

	Yes	No	Future	How many
Acoustic piano	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Electric piano	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Keyboard	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Acoustic Guitar	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Electric Guitar	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bass Guitar, Upright Bass	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Acoustic Drums	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Electric Drums	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Percussion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Brass	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Woodwinds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Strings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Organ	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Notes:

Church Audio System Questions

Audio-inputs

4. How many microphone inputs do you require for the following?

Pulpit/Lecturn/Ambo etc.

Vocals

Vocal Soloists

Number of seats in Choir & Number of rows?

Keys --Organ, Synthesizer, Piano....

Rhythm--guitars, bass, drums....

wind ensemble....

string ensemble....

Baptismal

5. How many wireless microphones would you like?

How many

What type

Pastor(s)

Worship leader

Praise team

Announcer

Drama Team

Instrumentalist / Soloist

(types include: headworn, lapel/lavalier, handheld, instrument)

Notes:

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Church Audio System Questions

Audio-inputs

6. Check the type of playback capabilities that are required or used at mix position

- | | |
|-------------------|--------------------------|
| CD | <input type="checkbox"/> |
| DVD | <input type="checkbox"/> |
| Cassette (analog) | <input type="checkbox"/> |
| DAT | <input type="checkbox"/> |
| ADAT | <input type="checkbox"/> |
| Hard Disk | <input type="checkbox"/> |
| Mini Disk | <input type="checkbox"/> |
| VHS/other video | <input type="checkbox"/> |
| Computer/iPod | <input type="checkbox"/> |

a. How many mixing channels do you foresee using at the main mix location?

Include all wired and wireless inputs listed above plus and playback (CD, tape, video...)

b. Will you be using reverb or delay or any digital effects?

c. If yes, how many different types?

d. Is the house mix position to be enclosed in a lockable desk or on a counter top?

Church Audio System Questions

Audio-monitors

8. Monitor mixes

- a. How many onstage monitor mixes are required? _____
- b. How many of these will be vocal mixes? _____
- c. Rhythm mixes? _____
- d. Orchestra/wind ensemble mixes? _____
- e. Pulpit area? _____
- f. Choir monitoring? _____

9. Of these monitor mixes, how many of the following are desired?

- a. Floor wedge loudspeakers _____
- b. "Hot spot" small stand mounted loudspeakers _____
- c. Overhead flown loudspeakers _____
- d. Headphones _____
- e. In Ear wired _____
- f. In Ear wireless _____

10. What type of Monitor mix control do you need?

- a. Control from the main mix (FOH) console _____
- b. Control from a monitor desk located on or near the stage _____
- c. Individual remote control for each musician or vocalist _____

Notes:



Church Audio System Questions

Audio-recording

6. Check the type of record capabilities that are required or used at mix position.

- | | |
|-------------------|--------------------------|
| CD | <input type="checkbox"/> |
| DVD | <input type="checkbox"/> |
| Cassette (analog) | <input type="checkbox"/> |
| DAT | <input type="checkbox"/> |
| ADAT | <input type="checkbox"/> |
| Hard Disk | <input type="checkbox"/> |
| Mini Disk | <input type="checkbox"/> |
| VHS | <input type="checkbox"/> |
| Computer | <input type="checkbox"/> |

Notes:

7. Recording.

- | | |
|--|-------|
| a. Are you planning to have a separate recording room? | _____ |
| b. If yes, do you plan a separate recording mixer or a feed from the main console? | _____ |
| c. Are you involved in or planning a television or radio broadcast ministry? | _____ |
| e. If yes, is it delayed or live? | _____ |
| f. Is there designated space for broadcast audio.video production? | _____ |
| g. Is there designated space for postproduction editing? | _____ |
-

Church Audio System Questions

Intercom, Automation

11. Do you need an intercom between stage and mix/record/backstage/catwalk/light/video...?

a. If yes, how many stations? _____

b. How many different talk channels _____

c. Do you need any strobes or buzzers, how many?

12. Automation

a. For simple events where only 1 or a few mics are needed, would you like the ability to run these types of events without an operator (sound man)? _____

b. Do you have any rooms where you would like an automated audio system for operator free operation? _____

Notes:

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Church Audio System Questions

Feeds

16. Do you have other areas of the facility you wish to have a feed from the auditorium?

	Audio	Separate Volume Cntrl.	Video	How many rooms
Nursery – How many rooms?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cry room(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Narthex / Foyer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Choir room	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Offices - How many rooms?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hallways	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kitchen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fellowship Hall	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bathrooms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Outside	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hearing Assist System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

17. Indicate below or on back which areas will have full coverage or just coverage by the entrance or partial coverage.

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