



Home Theater Worksheet

Address: _____

Home Phone: _____

_____, _____

Cell Phone: _____

Email: _____

Fax #: _____

Ceiling Type: Concave Vaulted Exposed Beam Flat

Ceiling Height: _____ ft _____ in

Ambient Light: Natural - Windows Sliding Door Skylight Fireplace Other _____

Lights - Track Incandescent Overhead Sconces Other _____

Desired Projector or Panel placement: Ceiling Mount Shelf Back of Room Other _____

Desired Screen Size: _____ ft _____ in Determine this for me, based on specs given.

Type: Electric Fold-Up Manual Wall Flat Wall Other: _____

Placement: One, Front & Center Retract into Ceiling Other: _____ (Also indicate on graph - Page 1)

Distance Measurements...

Front Wall to Back Wall: _____ ft _____ in

Width of Room: _____ ft _____ in

Projector to Screen: _____ ft _____ in Determine this for me, based on specs given.

Projector to Power Source: _____ ft _____ in Determine this for me, based on specs given.

Are you interested in Custom Lighting? Yes No

Wired for Audio? No Yes Type _____

Desired Audio Equipment: Speakers Mixing Board Other _____ None

Desired AV Furniture: Equipment Rack Cart Other _____ None

Please note anything else we may need to consider when designing your Custom AV System: _____