



# Media Request Form

Please submit form to Church Office One month before event.

Today's Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Requested Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Ministry: \_\_\_\_\_

Requested By: \_\_\_\_\_

Activity: \_\_\_\_\_

**Services Needed:**

*Fees may be applied for services*

Communication	Technology	Printing/Duplication
<input type="checkbox"/> Flyers/Push Cards	<input type="checkbox"/> Audio/Sound	<input type="checkbox"/> Publications
<input type="checkbox"/> Brochures	<input type="checkbox"/> PowerPoint	<input type="checkbox"/> CD*
<input type="checkbox"/> PSA	<input type="checkbox"/> Lighting	<input type="checkbox"/> DVD*
<input type="checkbox"/> Email	<input type="checkbox"/> Photography	<input type="checkbox"/> Handouts
<input type="checkbox"/> Texting	<input type="checkbox"/> Videography	<input type="checkbox"/> Other
<input type="checkbox"/> Radio/Television	<input type="checkbox"/> Editing	
<input type="checkbox"/> Video Announcement		

**\*Please put date & time of message requested**

Message: \_\_\_\_\_

\_\_\_\_\_

*Please attach additional sheet if needed.*

**NO. OF COPIES**

Special

Instructions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ No. of Originals \_\_\_\_\_ Copies Each

**Approval Prior to ALL SERVICES**

Department Head \_\_\_\_\_ Date \_\_\_\_\_

Chief Financial Officer \_\_\_\_\_ Date \_\_\_\_\_

Director of Media \_\_\_\_\_ Date \_\_\_\_\_