



MEDIA REQUEST FORM

*Please complete this form and submit it to Multi-Media Department
three weeks prior to the day of any event.*

Please place this form in the MMT mailbox.

MINISTRY _____ **TODAY'S DATE** _____

NAME OF EVENT	
DESCRIPTION OF EVENT <i>(dinner, concert, play, workshop)</i>	
DATE OF EVENT	
PLACE OF EVENT	
TIME OF EVENT <i>(begin TIME & approx. end TIME)</i>	
CONTACT PERSON and TELEPHONE	
REHEARSAL DATES	
NUMBER OF SPEAKERS	
NUMBER OF SINGERS	
NUMBER OF MUSICIANS	

Services Requested Information: Please write additional information on the back of this form.

1. If you have **specific songs**, provide the CD or cassette **five days** in advance labeled with your name to the **Audio Ministry**.
2. If you need someone to operate **PowerPoint**, provide presentation **five (5) days** in advance labeled with your name and instructions.
3. If you need **PowerPoint** equipment set-up and **you operate**, please indicate that on form.
4. If you want to post information on our **Web Page**, please contact Marketing Director.
If you want to write an article for our **Newsletter**, please contact Christian Education.
5. If you need the **Graphic Design Ministry** to design ministry flyers, brochures, etc., please attach illustration.
6. If you need a tape, CD, or DVD duplicated (observing copyright laws), indicate your request on form.

SERVICES REQUESTED: Please check all that apply.

<input type="checkbox"/> Marketing	<input type="checkbox"/> Photography	<input type="checkbox"/> Newsletter Posting
<input type="checkbox"/> Video	<input type="checkbox"/> Graphic Design	<input type="checkbox"/> PowerPoint
<input type="checkbox"/> Audio (be specific)	<input type="checkbox"/> Web Posting	<input type="checkbox"/> Other (specify) _____
_____	<input type="checkbox"/> Duplication (CD, DVD)	_____

Lead TRIO

Signature

Phone #

Email

Date

Coordinator

Signature

Date

Executive Staff

Signature

Date

Revised December 2010