



Dr. Kenneth L. Samuel, Pastor & Organizer
MEDIA REQUEST FORM

This form must be completed and submitted to the Program Coordinator by **Monday 12 noon at least 30 days prior to your event. Please allow one week to process this request. IN THE EVENT OF CANCELLATION BY THE MINISTRY COORDINATOR, PLEASE CONTACT THE PROGRAM COORDINATOR IMMEDIATELY.**

Submitted By _____ Date Submitted _____

Ministry/Department _____

Contact Person's Business or Daytime Number _____

Ministry Coordinator's Signature _____

Please Describe Purpose of Event/Activity _____

Date of Event/Activity _____ Time of Event/Activity: From _____ To _____

Room(s) Location _____

Please select items needed.

AUDIO

VIDEO

- Microphone (s) Quantity _____
- Cassette Tape Playback
- CD Playback
- Audio Recording
- Audio Engineer

- TV Monitor
- Overhead Projector
- Video Recording
- Laptop
- Video Playback (i.e. digital, 8mm, Mini DV, etc.)
- VHS Video Player
- LCD Projector
- Video Technician

Please specify additional audio needs:

Please specify additional video needs:

Special Needs: _____

Please Note: For all special events and or programs written program and protocol is required at least 30 days prior to your event/activity. Please contact the media director for assistance in completing this request.

FOR OFFICE USE ONLY	
Date Received _____	Program Coordinator's Initials: _____
Special Set-Up ___ Approved ___ Denied	Date _____
Reason For Denial: _____	
Media Assigned _____	Media Coordinator's Initials: _____ Date _____
Other Resources Assigned _____	By _____ Date _____