



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 _____

TV Monitor

VHS Video Player

Cassette Tape Playback

Overhead Projector

LCD Projector

CD Playback

Video Recording

Video Technician

Audio Recording

Laptop

Audio Engineer

Video Playback (i.e. digital, 8mm, Mini DV, etc.)

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 _____