

Media and Technology Services Request Form

Due: 2 weeks prior to event date

Place completed form in Media Mailbox on Sanctuary Level near Chapel **AND**

👉👉 send email to Media Ministry Lead, Alphonso Croom at acroom@optonline.net 👉👉

Requestor Information

Contact Name: _____
Contact Telephone: _____
Contact Email: _____
Ministry Needing Support: _____

Event Information

Event Name: _____
Event Date(s): _____
Event Start Time: _____
Event End Time: _____
Event Location: ☐ Sanctuary
☐ Fellowship Hall
☐ Chapel
☐ Other _____
Please Specify
Anticipated number to attend: _____

Media Support Requested

Equipment Needs: ☐ Microphones
☐ Projector
☐ Projector Screen
☐ Video Coverage
☐ Other _____
Please Specify
Sound System Coverage: ☐ Power up Media Equipment
☐ Microphone Sound Checks
☐ Media Person to Provide Full Audio Support
Length of Time for Media Support: _____
Special Cueing/Timed Support During Event: ☐ Play CD
☐ Show DVD
☐ Display Powerpoint Presentation
☐ Display Skit Projection to Screen
Recording: ☐ CD
☐ DVD

Additional information: