## **MEDIA REQUEST FORM**

## ALL MEDIA REQUEST MUST BE SUBMITTED AT LEAST TWO WEEKS PRIOR TO THE EVENT.

## Please list who or which Ministry is requesting Media assistance

Issuers Name:		Date:	
Date and time of	the event you are req	juesting assistance for or during which portion of the Worship service?	
Date:	Time:	Which portion of worship service:	
	video please make su File) saved to a flash (	ure it is either on a DVD or formatted as an <b>MPEG3, MPEG4, AVI,</b> or a <b>WMF</b> drive.	
If you need words	you need words to a song or scriptures for a sermon projected please send to Christie Jones		
christie_jones77@yahoo.com) or Michael Tyler (mst2video@yahoo.com) one week prior to the event.  f you would like to have the event projected on the screens or recorded please make that known on the line below.			
			Please leave your
		AUDIO REQUEST FORM	
		LL AUDIO REQUEST MUST BE SUBMITTED LEAST TWO WEEKS PRIOR TO THE EVENT.	
	Please list wh	o or which Ministry is requesting Audio assistance	
Issuers Name:		Date:	
Date and time of	the event you are req	uesting assistance for or during which portion of the Worship service?	
Date:	Time:	Which portion of worship service:	
If you need Micro	phones please list:	Positioned/Type:	
# OI IVIICS:		Positioned/Type:	
•		olease bring the song either on the Original CD or on a Flash Drive as an MP3 or	
MP4 format one v	week prior to the eve	nt to the Audio Ministry. Sorry No burned CDs or playing from a phone.	
Please leave your	name, number and/	or email address for confirmation	