



Request for availability of the Media Team for Events

All request for the media ministry must be submitted **2 weeks** prior to the event with exception o funerals.

Type of Event (Please check one):

Wedding _____ Funeral _____ Graduation _____ Other (Please be specific): _____

Date: _____ Start Time: _____ End Time: _____

Ministry:

Point of Contact Name: _____

Point of Contact Phone Number: _____ E-mail address: _____

What do you need? (Check all that apply)

Microphones _____ Recording _____ Live Streaming _____ Video Played _____

Song Played (Please
give Title and Artist)

Other (Please be
specific) _____

Do not write in this box. For Media Ministry use only:

Who will be on duty: _____

Point of Contact: Phone# _____ E-mail Address: _____

Signature: _____ Date: _____

Media Ministry Chairperson Approval _____