



Media Request Form

Today's Date: ____ / ____ / ____ Requested Date: ____ / ____ / ____

Ministry: _____

Requested By: _____

Activity: _____

Services Needed:

Fees may be applied for services

Communication	Technology	Printing/Duplication
<input type="checkbox"/> Flyers/Push Cards	<input type="checkbox"/> Audio/Sound	<input type="checkbox"/> Publications
<input type="checkbox"/> Brochures	<input type="checkbox"/> PowerPoint	<input type="checkbox"/> CD* _____
<input type="checkbox"/> PSA	<input type="checkbox"/> Lighting	<input type="checkbox"/> DVD* _____
<input type="checkbox"/> Email	<input type="checkbox"/> Photography	<input type="checkbox"/> Handouts
<input type="checkbox"/> Texting	<input type="checkbox"/> Videography	<input type="checkbox"/> Other _____
<input type="checkbox"/> Radio/Television	<input type="checkbox"/> Editing	
<input type="checkbox"/> Video Announcement		

***Please put date & time of message requested**

Message: _____

Please attach additional sheet if needed.

NO. OF COPIES

Special Instructions: _____

_____ **No. of Originals** _____ **Copies Each**

Approval Prior to ALL SERVICES

Department Head _____ Date _____

Chief Financial Officer _____ Date _____

Director of Media _____ Date _____

ESTIMATED COST FOR PRODUCTION \$ _____