



## Service Request Form

Name (Point of Contact):		Date:
Ministry/Group:		
Phone:	Alternate Phone:	
Email (if available):		
Date of Event:	Expected Timeframe (#of hours):	Location:

Brief Description of Event (please give a 2-3 sentence description of your event):

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Services Requested			
Audio	Video	Recording/Streaming	Complete AVL Services
(microphones) 1-3 4-6 More than 6	IMAG (camera) Video Presentation PowerPoint	Recorded Audio Recorded Video Online Streaming (must be approved)	Full Media Use (multiple team/staff members required)
Lapel/Headset  Handheld	Confidence Monitor  Secondary Video Source (DVD, external video, etc.)	Edited Audio Edited Video  Distribution (must be approved)	

Special Information/Comments (if any):

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Your request will be followed up with contact by a member of the Media Ministry to confirm needs and request additional information. Please provide a copy of your program at least 3 prior to the event.

For immediate contact or emergency situations please contact the church secretary. You can also contact the media ministry at [CalvaryMediaForward@gmail.com](mailto:CalvaryMediaForward@gmail.com).