

Communication Request – Live Video

Please complete this form for a event that occurs in the Sanctuary or Chapel. If the event is in a classroom, please use the Non-weekend Worship Video form.

The timeline for a video is 4 weeks PER VIDEO.

Name

First Last

Email

Phone Number

 - -

####

Please select the Ministry Area making this request *

- Adult Ministry
- Children's Ministry
- Singles Ministry
- Worship & The Arts
- Caring Ministry
- Mission & Outreach
- Student Ministry
- Other – Please describe below


Event Information:

What is the event date: *

 / / 

MM DD YYYY

What is the start time of the event: *

 : : AM 

HH MM SS AM/PM

What is the end time of the event: *

: :

HH MM SS AM/PM

Where will the event be held: *

- Sanctuary
- Chapel

CONTENT:

Please provide a description of the event to be filmed.

*

What format do you want the edited video delivered: *

- MP4 file
- DVD
- Other