

TRINITY ASSEMBLY MEDIA REQUEST FORM

TODAY'S DATE: / /	SUBMITTED BY:
ACTIVITY:	CONTACT PHONE:
LOCATION:	DEPARTMENT:
TIME Start: _____ Ending: _____	ACTIVITY DATE:
<p>VIDEO INFORMATION</p> <p>Video taping needed? <input type="checkbox"/> Yes <input type="checkbox"/> No Editing of video tape? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Description of video footage and how it will be used? _____</p> <p>_____</p> <p>_____</p>	
<p>APPROVALS</p> <p>Department Head: _____ Pastor: _____</p>	
<p>Media production requires many hours of work behind the scenes. Please allow 3 to 4 weeks notice.</p>	