

FABC MULTI-MEDIA MINISTRY REQUEST FORM

Requester: _____ Phone: _____ E-Mail _____ Alt Contact _____
 Submit Date: _____ Submit Time: _____ Name of Ministry _____ Activity Title _____
 Activity Room(s) Location: _____ Has *this Location / Event* been approved? _____ Activity Date: _____
 Activity Time: _____ Target Trial Run Date: _____ Comments: _____

**EQUIPMENT
 SETUP & OPERATION
 NEEDED**

Note: Requires 7 days lead time

Sanctuary Projector Screens
 Sanctuary VCR/DVD Player/Recorder
 Sanctuary Video Camera(s) #__
 Sanctuary Other _____

**MEDIA CONTENT
 PROVIDED BY REQUESTER**

Note: Requires 7 days lead time
 Note: **FABC MMM provides content assistance only; we are not able to create your content!**

WHAT CONTENT IS INCLUDED IN THIS PACKAGE

<input type="checkbox"/> PowerPoint Slideshow	<input type="checkbox"/> Need Assistance
<input type="checkbox"/> Scripture Verses	<input type="checkbox"/> Need Assistance
<input type="checkbox"/> Song Text	<input type="checkbox"/> Need Assistance
<input type="checkbox"/> Announcements	<input type="checkbox"/> Need Assistance
<input type="checkbox"/> Multi-Media Files (i.e. AVI,MPEG)	<input type="checkbox"/> Need Assistance
<input type="checkbox"/> Visual Images, DVD, CD	<input type="checkbox"/> Need Assistance
<input type="checkbox"/> Other _____	

DESCRIBE EVENT/PROJECT IN DETAIL

When complete, place this form in MINISTRY MAIL BOX

MINISTRY USE ONLY

Date Received / /201__ Time Received : : Project Approved by: _____

Trial Run Status - Comments _____

Event Status - Comments _____

Project Assigned to: (1) _____ (2) _____ (3) _____

Comments _____