



Photography & Video Request Form

(NOTE: Photography and Video Requests must be submitted with Proposal)

Video ___ Photography ___

NOTE: Camera available for check-out in Member Services

Ministry Name:		Date:	
Servant Leader/Contact Person:			
Home Phone:		Cell Phone:	
Email Address:			
Name of Activity/Event:			
Event Date:		Event Start Time:	Event End Time:
Length of Event:		Event Location/Room #:	
Brief Description of Activity/Event (Include special guests/speakers)			
Please provide any special requirements:			
Ministry Leader Signature/Approval:			Date:
OFFICE USE ONLY			
Assigned Photographer:			
Media Director:			Date:
Camera Check Out By:			Date: