

***Please complete this form if you require media assistance for your upcoming event.***

***Please place form in the Media Mail Slot (beside the Church office).***

***You will be contacted by a member of our Media Staff.***

**Ministry Name:**



**Date & Time of Event:** 

**Point of Contact Name/Phone/Email:**



**Type of Service & Location: 🞏 Sanctuary 🞏 Fellowship Hall**

 **🞏 Full Service (Audio, Video, Powerpoint)**

 **🞏 Audio Service Only**

 **🞏 Video Service Only**

 **🞏 Recorded copies of Audio CDs – No. of Copies\_\_\_\_\_**

 **🞏 Recorded copies of Video CDs – No. of Copies\_\_\_\_\_**

**CARY’S BAPTIST CHURCH - MEDIA REQUEST FORM**