

Park Windsor Baptist Church

Media Usage Form



Date of Request _____

Date of Event _____

Time Needed _____AM/PM

Time Ended _____AM/PM

Type of Function: _____

Chairperson of Group: _____

Phone (____) _____ Cell (____) _____

Person Making Request _____

Contact Number: (____) _____

EQUIPMENT / SERVICE :

- MICROPHONES
- TV FLAT SCREENS
- AUDIO TAPING
- VIDEO TAPING
- POWERPOINT DISPLAY

*** THIS FORM MUST BE SUBMITTED ONE MONTH IN ADVANCE**

***** For Office Purposes Only *****

Date Approved: _____

Approved By: _____

(Media Ministry)

11/2012