

The Living Word Media Ministry

Resource Needs Request Form

2 Weeks Advanced Notice

(Please Print)

Office Use Only

Contact Made _____

Assigned _____

Form#: LWMR20070108

Contact Information:					
Requestor's Name:					
Ministry/Organization:					
Phone/Cell:					
Email Address:					
Date of Event:		Start Time:		End Time:	
Alternate Contact:		Phone/Cell:			
Email Address:					

Location:		
Church Sanctuary:	Multi-Purpose Building:	Other Location (Specify Full Address)
<input type="checkbox"/>	<input type="checkbox"/>	

Equipment Required:	
• Over head projector w/screen	<input type="checkbox"/>
• LCD Projector w/screen (NO Laptop Computer provided)	<input type="checkbox"/>
• Quantity of Microphones needed	<input type="checkbox"/> Quantity:
• CD Player	<input type="checkbox"/>
• Tape Player (Sanctuary only)	<input type="checkbox"/>
• Other (Please describe)	<input type="checkbox"/>
Note: Please provide a copy of any CD's, DVD's or Tapes at least one week in advance so it can be checked for sound quality.	

Recording of Event:	
• Audio Recording needed	<input type="checkbox"/>
• CD Recording needed	<input type="checkbox"/>
• Video Recording needed	<input type="checkbox"/>
• DVD Recording (coming soon)	<input type="checkbox"/>

Note: See Michael or Kristi Davis in the Living Word Media Ministry office for possible fees associated with your recording needs.

Other Vital Info:

Signature: _____

Date: _____

The Living Word Media Ministry appreciates your confidence and thanks you for utilizing our services.