



VIDEO ANNOUNCEMENT REQUEST FORM

(Video Announcement must be submitted no less than 5 weeks prior to the requested start date)

TODAY'S DATE _____ DATE OF EVENT _____

Ministry Name:			
Contact Name:		Contact Phone No.	
Email Address:			

TYPE OF ANNOUNCEMENT (please check one) MINISTRY MEETING MINISTRY EVENT

VIDEO ANNOUNCEMENT INFORMATION

Please provide your proposed message below. Please include all pertinent information (time, location, costs, etc.). All submissions are subject to revisions and approval. PLEASE NOTE: Video announcements may not run concurrently during the requested dates it may be moved to the silent announcements. This will be at the discretion of the office staff.

FOR OFFICE USE ONLY

Date Received	Initials	Date Approved	Initials	Date Sent to Media Team	Initials