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| **UBBCPG MEDIA MINISTRY REQUEST FORM2024** |
|  |
|  |
| **Ministry Name** |   |  |
| **Ministry Contact Name** | **Contact Info**  |  |
| **EVENT**  |  |  |
|  |
| **Areas Required (check all that apply)** |  |
|   | Church Sanctuary |   | A J White Empowerment Center |  |
|   | Old Fellowship Hall  |   | Virtual |  |
|   | Outdoors |   | Other |  |
|   |  |   | Please Specify: |  |
| **Date/Time** |   |   |   |  AM |  PM |   |  |
| **Duration**  |   |   |  | Start  | End  |   |  |
| **Services Requested**  | **Special Requirements**  |  |
|   |   | **Note:** If for a funeral, please ensure video is in MP4 format or on thumb drive. |  |
|   | Streaming |  |
|   | Audio |  |
|   | Visual |  |
|   | Conference Call |  |
| **Is This a funeral? (check one)** |   | Yes |   | No  |  |
|   |  |
| **Funeral Home**  |   |  |
| **Funeral Home Contact** |   |  |
| **Order of Service (attach a draft)** |   |  |
| **Special Request** |   |  |
|   |  |
| **For funerals, please submit this form as soon as possible.****For all other events, email this form and order of service (program with names of participants) to ubbcmedia@gmail.com NO LATER THAN 30 DAYS PRIOR TO THE EVENT.**  |  |
| **Submit updates to this request as they occur.**  |  |