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| **UBBCPG MEDIA MINISTRY REQUEST FORM 2024** | | | | | | | | |
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|  |
| **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.** | | | | | | | | |  |