



Media Request Form

Today's Date: _____

HOPE CHRISTIAN CENTER
GRAPHIC MEDIA MINISTRY

Media@hopechristiancenter-nyc.org

All requests must be submitted 4 weeks in advance with complete information

Ministry Name: _____ Signature of Dept Head: _____

Contact Person: _____ Phone Number(s): _____

Email: _____

Event Name or Project Announcement Subject: _____

ANNOUNCEMENT #1

Which dates do you want the announcements to run? _____

What you would like said? (Please be brief)

ANNOUNCEMENTS #2

Which dates do you want the announcements to run? _____

What you would like said? (Please be brief)

ANNOUNCEMENTS #3

Which dates do you want the announcements to run? _____

What you would like said? (Please be brief)

(Media department reserves the right to edit the announcements as necessary to fit service time constraints)

OTHER MEDIA REQUESTS: Photo Presentation Display Video Other _____

Please describe your request Date needed: _____ Hour needed: _____ am/pm

Other Information and Comments: _____

Office Use Only

Date Received: _____ Received by: _____ Assigned to: _____ Date completed: _____