

DVD Request Form

Name _____

Date Submitted _____

Phone _____

Email _____

INFORMATION*

Sunday Worship / Special Service / Event

*Please use a separate form for each event or service requested.

Date of Event/Service _____

Description _____

Number of Copies _____

\$5 donation per copy requested to cover cost of supplies.

Place completed form in DVD REQUEST slot.

You will be contacted when your copies are ready for pickup and payment.

Questions? Comments? Suggestions?

Please contact Becky Waters, Director of Music. Thank you!

FCC Audio-Visual Team

-----Office Use-----

DVDs Made _____ / Person Contacted _____ / \$ _____
