

# Word of God Fellowship Church

## AV Request Form

Name:  
Department:  
Daytime Phone:  
Evening Phone:  
E-Mail:

Date Submitted: ____/____/____
Requested Air Date: ____/____/____
Is the request 3 months prior to your event? <input type="checkbox"/> Yes <input type="checkbox"/> No
If no, please attach a brief letter of explanation.

### ***Announcement Details***

Who (Intended Audience):  
What (Name/Title of Event):  
When (Date & Time):  
Where (Name of Location):  
How Much (Cost of Event):  
Duration of Announcement:      End  
Date:

Additional Information (e.g., Is there a specific attire for the event?)

Where can people get tickets or sign up?

Whom should people see for more information?

\*\*\*\*\*Do Not Write Below This Line\*\*\*\*\*

Date Received By AV Department: \_\_\_\_\_

Has the event been approved? (Circle One) Yes    No

Comments: \_\_\_\_\_

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Final Approval by Pastors? (Circle One)    Yes    No

Pastors' Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_