



Today's Date: \_\_\_\_\_

# Video Request Form

Please return this form 30 days prior to event, and submit to [frances@newhopehk.org](mailto:frances@newhopehk.org) or Ministry Center.

Event Name: \_\_\_\_\_

Location: \_\_\_\_\_

Event Contact: \_\_\_\_\_

Phone/Email: \_\_\_\_\_

Ministry: \_\_\_\_\_ Ministry Leader: \_\_\_\_\_

|                  |      |         |   |       |       |      |
|------------------|------|---------|---|-------|-------|------|
| Graphics Avail.: | Yes  | No      | Video Type:                               | Promo | Recap | Both |
| Event Cost:      | Free | Prices: | <input type="checkbox"/> Door Price       | \$    | _____ |      |
|                  |      |         | <input type="checkbox"/> Registered Price | \$    | _____ |      |
|                  |      |         | <input type="checkbox"/> Other:           | \$    | _____ |      |

**Event Date & Time** (ie:m/d/yy; h:mm tt):

Start Date: \_\_\_\_\_ Start Time: \_\_\_\_\_

End Date: \_\_\_\_\_ End Time: \_\_\_\_\_

**Multi-Day Schedule:**

Description/Purpose of event:

Target Audience:

What do you want the audience to feel, do, or think?