

## VIDEO REQUEST FORM

Today's Date \_\_\_\_\_ Name \_\_\_\_\_  
Phone Number \_\_\_\_\_ Address \_\_\_\_\_

To be picked up (check one)  
at Church Office \_\_\_\_\_  
at Studio (Sunday a.m. only) \_\_\_\_\_

Date of tape requested \_\_\_\_\_ How Many? \_\_\_\_\_

Please leave at office or in studio with payment of \$10.00 per tape.

For office use: \_\_\_\_\_

Date copied \_\_\_\_\_ Date notified \_\_\_\_\_ Date delivered \_\_\_\_\_