

# DCT MEDIA REQUEST FORM (COMPLETE & REVIEW BOTH SIDES BEFORE SUBMITTING)

Contact Name	Date
Contact Email	Ministry Quadrant (i.e. Share, Connect, Grow, Serve, Support)
Contact Phone	
Ministry	

## EVENT DETAILS


Name	<b>Description of event (Theme/Creative Direction):</b> <i>Who is it for? What is the purpose? Why should they come? How should they respond/register?</i>	
Date (including day of week)		
Start Time		Cost per person: \$
Location (Address)		

## PRINT & WEB SERVICES (PLEASE PROVIDE 14 DAYS FOR COMPLETION OF PRINT & WEB REQUESTS)

<b>Promotional Materials (Digital)</b> <ul style="list-style-type: none"><li><input type="checkbox"/> Web homepage banner</li><li><input type="checkbox"/> Social media graphic</li><li><input type="checkbox"/> Flyer</li><li><input type="checkbox"/> Lobby Screens announcement</li><li><input type="checkbox"/> eNewsletter announcement</li></ul>	<b>Promotional Materials (Print)</b> <i>Pending availability</i> <ul style="list-style-type: none"><li><input type="checkbox"/> Flyer</li><li><input type="checkbox"/> Info Card</li><li><input type="checkbox"/> Postcard</li><li><input type="checkbox"/> Poster</li><li><input type="checkbox"/> Banner</li></ul>	<b>Special Projects</b> <ul style="list-style-type: none"><li><input type="checkbox"/> Banner size (in inches): _____ (w)x _____ (h)</li><li><input type="checkbox"/> Business card(s)</li><li><input type="checkbox"/> Book (curriculum, guide, brochure, etc.)</li><li><input type="checkbox"/> CD/DVD Label</li><li><input type="checkbox"/> Other _____</li></ul>
Size Specification: <input type="checkbox"/> 3x3 <input type="checkbox"/> 4x6 <input type="checkbox"/> 5x7 <input type="checkbox"/> 5.5x8.5 <input type="checkbox"/> 8.5x11 <input type="checkbox"/> 11x14 <input type="checkbox"/> 11x17 <input type="checkbox"/> 12x18 <input type="checkbox"/> 13x19	Orientation: <input type="checkbox"/> Portrait <input type="checkbox"/> Landscape	

## PROJECT OVERVIEW

**Creative Direction (i.e. scripture, colors, special graphics to be included, etc):**  
*Feel free to include a mockup, image or link if you have an example.*



# THE REVIEW PROCESS

In order to adequately provide requested graphics, please fill in the following information and submit form to the Communications Director, or e-mail [communicationsdct@gmail.com](mailto:communicationsdct@gmail.com). Requests should be submitted at least 30 days prior to date for which support is requested. All requests are subject to final approval by the Communications Director and Senior Pastor.

Upon reviewing the Media Request Form the Communications team will contact the ministry leader with a projected time line for completion, or to request a meeting with you (by phone or in person) to clarify your ministry needs.

Please provide 30 days of lead time for completion of PRINT & WEB requests. We desire to serve each ministry in a prompt manner with creativity and excellence in all outlets of marketing or promotion.

# CHECKLIST (COMPLETE PRIOR TO SUBMITTING)

Pastor's Approved      Yes  or No       Date: \_\_\_\_\_

Board Approved      Yes  or No       Date: \_\_\_\_\_

EXCOM Approved      Yes  or No       Date: \_\_\_\_\_

- I have filled out the form completely with the basic information that the Media Team will need to complete this request.
- The location of the room/sanctuary has been confirmed, along with room setup with the Church Admin/Deacon Approval.
- I understand that if the required authorization & deadlines listed above are not met, my request may not be approved.
- I have read and understand the polices and procedures listed in this form.

# MORE EVENT DETAILS

If you need more space:

# COMMUNICATIONS TEAM USE ONLY

Reviewed by

Projected Completion Date

Actual Completion Date