

Methodist Church St. Kitts Circuit Media Request Form



Requestor Information

Congregation/Organization:				
Contact Person(s): _				
Contact Number:		Contact Email:		
Event Information				
Name of Event:				
Event Type:	□Circuit	☐ Congregationa	I □Pe	ersonal
Event Date:		Event Start Time:		
Event Location:				
Event Description: _				
Requested Resources				
Live Video Stre	aming		☐ Photog	graphy Only
Live Audio Only Streaming			☐ Flyer Creation	
☐ Video Recording			Zoom Conferencing	
☐ Audio Only Recording			Onsite Audio	

Please complete and return this form to media@skmethodist.org at least 14 days prior to your event.

Please ensure that all required information is provided to reduce delays in considering your request.

Your request is not approved until you have received confirmation. Final approval for all events is at the discretion of the Media Team, the Organizations & Education Committee, and the Superintendent Minister.