

ADL Videography Request Form

Instructions: Complete part I of the Satellite Broadcast Request Form.

Part I (Completed by Requester)

Date of Request:

Requester Name:

Phone:

Fax:

Email:

Video Subject:

Start Date:

End Date:

Start Time:

End Time:

Location:

Requirement:

Video Compilation/Creation

Video Editing

Video Conversion

Digital Editing

Videographer

Digital Imaging

Part II (Completed by ADL Staff)

ADL Approval:

yes no

ADL Staff Initials:

Work Order #: