



# St. Luke Baptist Church

## Print Request Form

**\* Printing Requests must be made two weeks in advance (to include proofreading)**

**\* Copy Requests must be made one week in advance**

Date \_\_\_\_\_

Ministry/Group \_\_\_\_\_

Contact Person \_\_\_\_\_

Telephone Number (where person making request can be reached (     ) \_\_\_\_\_

Requesting:

Tickets

Postcards

Flyers

Copies

Other (Please specify) \_\_\_\_\_

**[ PLEASE ATTACH A COPY OF THE INFORMATION NEEDED ]**

Number Needed \_\_\_\_\_

Date Needed \_\_\_\_\_

Date Proofread and Approved \_\_\_\_\_

(Signature)

(Print Name)

Date Received \_\_\_\_\_ Date Completed \_\_\_\_\_

Signature of Ministry Representative \_\_\_\_\_