

Carson Oaks Media Submission Form

Contact Name: _____

Contact Phone Number: _____

Media Type (Video, Powerpoint, etc.): _____

Media being submitted by: _____ Flash Drive _____ CD/DVD

Topic: _____

Date(s) to be Shown: _____

Date Submitted: _____

Videos must be saved as .mp4 video files.

Any audio on the video should be of CD/DVD quality (no phone recordings, etc.).

Must be submitted at least 1 week prior to be shown.

Approved by: _____ Date: _____ Paid: Yes

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