



Request for Services

Name of Dept./ School Requesting Services: _____

Contact Person: _____ Phone #: _____

Date Request was Submitted: _____

Date of Event: _____ Time of Event: _____

Location of Event: _____

Type of Production:

_____ PSA Commercial

_____ News

_____ Music Video

_____ Documentary

_____ Video Montage

_____ Special Event

_____ Promo Video

_____ Other

Briefly Describe event/services Requested: _____

Props and Materials Needed for Production: _____

Please Submit completed form at least two (2) weeks prior to event to:

KLJS-TV 17
(956) 580-5169

Or

KLJSTV@lajoyaisd.net

For TV Station Use Only

Received By

Date

Team Assignment: _____

Special Instructions: _____