

VIDEO & VIDEO EQUIPMENT REQUEST

Grade level _____ Room number _____ Catechist _____

Date needed _____

Classtime:

(please circle) Sunday - 9:00 a.m. Wednesday - 6:30 p.m.

(please circle) TV/VCR TV/DVD/VCR (combo)

TITLE OF VIDEO: _____

*****Please request VHS/DVD at least 2 weeks in advance***** Thank you!