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| Customized 2015 Parish EasterVideo Order Form |  |

## Your Contact Information

|  |  |
| --- | --- |
| Name |  |
| Role in Parish |  |
| Daytime Phone |  |
| E-Mail Address |  |

## Your Parish Information

|  |  |
| --- | --- |
| Name of Parish |  |
| Street Address |  |
| City ST ZIP Code |  |
| Office Phone |  |
| Website Address |  |
| Facebook Address |  |
| Pastor’s Name |  |

## Easter Vigil Start Time:

|  |
| --- |
|  |

## Easter Sunday Mass Times:

|  |
| --- |
|  |

## Optional: If you have a second worship site: Please provide name and complete address here:

|  |
| --- |
|  |

## Optional: Easter Mass Times-Location 2:

|  |
| --- |
|  |

## If you have more than one location for services, please provide photos (jpeg format) for each location. Identify the photos.

## Sr. Susan Wolf will send you an email invoice for $24.95. You can pay through PayPal or by credit card. Once the payment has been received, work on your video can begin.

## Agreement and Signature

### By submitting this form, I affirm that the information on this form is correct.

|  |  |
| --- | --- |
| Name (printed) |  |
| Date |  |

## After completing this form save it as Nameofyourparishzipcode. Send this form and photo(s) to swolf@catholicwebsolutions.com.

### Thank you for completing this application form.

## Order Deadline: 5:00 PM Eastern on Thursday, March 18, 2015.

# Thank you for your order.