



New Home Baptist Church  
8320 Landover RD  
Landover, MD 20785  
Office: 301-773-8100  
Website: [newhomebc.org](http://newhomebc.org)

## Reproduction/Copy Request Form

Ministry \_\_\_\_\_

(PLEASE PRINT LEGIBLY)

- ❖ Each Request for reproduction **MUST** have this Form attached. Minimum 10 days prior to need.
- ❖ If this is for a flyer reproduction, a copy of the flyer and this form should be attached to the Announcement Form A and receive approval by Pastor Hicks together.

Contact Name \_\_\_\_\_

Contact Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

Today's Date \_\_\_\_\_

Date Required \_\_\_\_\_

# Copies Requested \_\_\_\_\_ # of Originals \_\_\_\_\_

Paper size:  8 ½ x 11  8 ½ x 14  11 x 17

Is Original Two-Sided?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you need 2 sided to 2 sided?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you need 2 sided to 1 sided?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you need 1 sided to 2 sided?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do You Need Copies Stapled?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Three-Hole Punched?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

When will you be picking up your request? \_\_\_\_\_

Comments/Special Instructions: \_\_\_\_\_

Approval: Ministry Head \_\_\_\_\_ Date \_\_\_\_\_

Approval: Pastor Hicks \_\_\_\_\_ Date \_\_\_\_\_

### For Media Office Use Only

Date Received Request \_\_\_\_\_

Completion Date \_\_\_\_\_ Completed By \_\_\_\_\_

Date of Pick-Up \_\_\_\_\_

[SUBMIT FORM](#)