

**LAMINATING REQUEST FORM** *revised 03/010/06*

MINISTRY NAME: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_

PHONE #: \_\_\_\_\_

TODAY'S DATE: \_\_\_\_\_

laminating request received by: (volunteer) \_\_\_\_\_

**PLEASE ALLOW A 3 DAY TURN-AROUND FOR ITEMS TO BE READY FOR PICK-UP \* ITEMS MAY BE PICKED UP AFTER 3 PM ON THIRD DAY**

APPROX. DATE FOR PICK-UP: \_\_\_\_\_

**VOLUNTEER WILL CALL CONTACT PERSON WHEN ITEMS ARE READY FOR PICK-UP**

Laminating request completed by: (Andrew) \_\_\_\_\_

Date completed : \_\_\_\_\_

DATE CALLED FOR PICKUP: \_\_\_\_\_ BY \_\_\_\_\_

Special Instructions:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_