Song Leader's Name : _____

Worship Service Date:_____

Check one of the following: AM - Worship Service ☐ / PM - Worship Service ☐

Song Selections:

Page Number	Song Title	Order of Selection

Notes:

- **Please make a copy of the completed form as a guide or quick reference.**
- **Place the completed form in the Audio/Visual Inbox in the South Foyer on Wednesday before your scheduled worship service date.**
- **Contact persons:** ***Tricia Billington, Kim Christopher, Mike Christopher, Greta Moore-Dixon or Tony Ruffin.***
- ***Any questions, please contact us at audiovisual@ntcconline.org or Mike Christopher at 903-520-3905***

Submit by Email