

# Communications Request

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| **(Please save a copy to your files before completing the form. Incomplete forms will be returned.)** |
| **Today’s date:** **Sponsoring Ministry:**  |
| EVENT DETAILS |
| Event Name:  | Date of Event:  |
|  |  |
| Time Event Begins: | Time Event Ends:  | Number Expected:  |
| On-Site Location:  | Off-Site Location: |
| Online Registration? Yes No | What is the fee? none | Has the fee been approved? ❑Yes ❑ No |
| Is fee paid to the church? ❑Yes ❑ No | If no, to whom? |
| Is child care available? ❑Yes ❑ No |  |
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| publicity checklist Publicity starts immediately? x Yes ❑ No if no, when?­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **DESIGN/PRINT** | **ONLINE PUBLICITY** | **WORSHIP** |
| Graphic ❑Yes ❑ No | *FirstNews* (Weekly E-mail) ❑Yes ❑ No | *FirstNotes* (Bulletin) ❑Yes ❑ No |
| Brochure/Flyer ❑Yes ❑ No | Website ❑Yes ❑ No | Worship/Monitor Slides ❑Yes ❑ No |
| Banner /Poster ❑Yes ❑ No | Social Media ❑Yes ❑ No | Ministry Moment ❑Yes ❑ No |
| External Media ❑Yes ❑ No |  | Pulpit Announcement ❑Yes ❑ No |

**The Communications team reserves the right to determine which publicity tools are used.** **See Timelines document for lead time needed for the various publicity tools.**  |
| Contact Details |
| Person Making Request:  |
|  |
| Email Address:  | Phone Number: |
|  \* \* \* required \* \* \* |
| **This information is required: Describe event or activity OR attach information. Think who, what, when,** **where and why. Include contact name and e-mail (limit of 2) if it’s someone other than person making request.** **Return this form to Nancy Bryan (****nbryan@firstmethodistplano.org****)*****Be sure to complete the CALENDAR REQUEST and return to Victoria Shaw (vshaw@firstmethodistplano.org)*** |

 **Approved Details (To be completed by staff) approved** ❑ Yes ❑ No

Staff Signature Date