

FUMC BELVIDERE COMMUNICATIONS REQUEST

Today's date: _____ Sponsoring Ministry: _____

EVENT DETAILS

Event Name: _____ Date of Event: _____

Time Event Begins: _____ Time Event Ends: _____ Number Expected: _____

On-Site Location (Perry Hall, etc.): _____ Off-Site Location: _____

Online Registration? Yes No What is the fee? _____

Is child care available? Yes No Photographer needed? Yes No

PUBLICITY CHECKLIST PUBLICITY STARTS IMMEDIATELY? YES NO IF NO, WHEN? _____

DESIGN/PRINT	ONLINE PUBLICITY	WORSHIP
Save the Date Card <input type="checkbox"/> Yes <input type="checkbox"/> No	Courier Newsletter <input type="checkbox"/> Yes <input type="checkbox"/> No	Worship Slideshow <input type="checkbox"/> Yes <input type="checkbox"/> No
Brochure/Flyer <input type="checkbox"/> Yes <input type="checkbox"/> No	E mail Blast <input type="checkbox"/> Yes <input type="checkbox"/> No	Ministry Moment <input type="checkbox"/> Yes <input type="checkbox"/> No
Easel Poster <input type="checkbox"/> Yes <input type="checkbox"/> No	Website <input type="checkbox"/> Yes <input type="checkbox"/> No	Pastor Announce <input type="checkbox"/> Yes <input type="checkbox"/> No
	Social Media <input type="checkbox"/> Yes <input type="checkbox"/> No	

The Hospitality Committee reserves the right to determine which publicity tools are used based upon necessary lead time for the various publicity tools.

CONTACT DETAILS

Person Making Request: _____

E-mail Address: _____ Phone Number: _____

***** REQUIRED *****

Describe event or activity OR attach information. Think who, what, when, where and why. Include contact name and e-mail if it's someone other than person making request.

Return this form to the church administrator (officeadmin@fumcbelvidere.com) _____

(To be completed by staff) Approved Yes No

Staff Signature _____ Date _____