



ANNOUNCEMENT REQUEST FORM

Complete the form below and place in the Office In-basket.

GENERAL INFORMATION

Department:	Ministry Leader:
Name of Ministry Group/Team:	Submitted By:
Requested Calendar Dates: (submit at least 3 dates)	
Additional Comments:	

ANNOUNCEMENT INFORMATION

Complete the following in its entirety.

Title of Event: _____

Date of Event: _____ Cost: _____

Location of Event: _____

Target Group: (Age, Gender, Marital Status, etc.) _____

Description of Event: (Include Cost, Purpose of Event, etc.) _____

FREQUENCY

- One Time Event
- Recurring Meeting / Event
 - How Often?: Weekly Monthly Bi-Weekly
 - Day of the Week?: _____
 - Week of the Month?: _____

ADVERTISEMENT

- Banners
- Social Media
- Flyer/Bulletin Ad
- Text Message
- Newspaper Ad
- LGM website
- In-Service Announcement Board

FOR OFFICE USE ONLY

Ministry Assistant Initials: _____ Date Received: _____ Reviewed/Verified

Pastor Initials: _____ Approved

Date Reviewed: _____ Not Approved

Comments: _____

<input type="checkbox"/> Date Approved:
<input type="checkbox"/> Date Entered In Calendar:
<input type="checkbox"/> Date of Confirmation Contact: