

Communications Request Form

PROJECT TITLE: _____ Date Submitted: _____

EVENT WHAT IS THE NEED?

Project or Event Description: _____

Actual Date/Time of Event: _____

Location/Address: _____

Event Cost to Participants: _____ Online Registration Available? Yes No

Childcare Provided? Yes No Childcare Details: _____

MAIN CONTACT WHO IS REQUESTING THE COMMUNICATIONS?

Main Contact Person: _____ Ministry Area: _____

Contact Email: _____ Phone Number: _____

Others Available to Help: _____

INTENDED MESSAGE WHY SHOULD PEOPLE COME?

What is the one sentence you wish everyone could hear and believe about the event?

Desired Date for First Exposure: _____

Desired Publications: Highlights Bulletin Website Email Blast Posters Other _____

INTENDED RESPONSE WHAT SHOULD PEOPLE DO?

What action do you desire from congregation and/or general public? (*i.e. attend event, sign-up, meet with a staff member...*)

TARGET AUDIENCE WHO SHOULD HEAR THIS MESSAGE?

Who is your target audience? (*by age group(s), sex(es), geography, etc., please be specific*):

Estimated Number to Attend or Participate: _____

BUDGET HOW MUCH WILL IT COST?

What ministry budget is being used for additional communications expenses: _____

Ministry Leaders name: _____ Ministry: _____ Estimated Expenses: _____