



ANNOUNCEMENT REQUEST FORM

Complete the form below and submit it to your Department Head.

GENERAL INFORMATION

Department:	Name of Ministry/Team:
Department Head:	Submitted by:
Requesting Dates: (Circle One) Jan 1 - Mar 31 Apr 1 - Jun 30 Jul 1 - Sept 30 Oct 1 - Dec 31	

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.) _____

ADVERTISEMENT

<input type="checkbox"/> Auto-calls	<input type="checkbox"/> In-Service Announcement	<input type="checkbox"/> Table (Lobby)
<input type="checkbox"/> Banners	<input type="checkbox"/> Direct Mail / Postcard	<input type="checkbox"/> Television Ads
<input type="checkbox"/> Billboard/Transit Ads	<input type="checkbox"/> Newspaper Ad	<input type="checkbox"/> Text Message
<input type="checkbox"/> Cinema Ads	<input type="checkbox"/> Quarterly Magazine	<input type="checkbox"/> Triumph Commercial
<input type="checkbox"/> E-Blast (external)	<input type="checkbox"/> Radio Ads	<input type="checkbox"/> Triumph Website
<input type="checkbox"/> Flyer / Leaflet drop	<input type="checkbox"/> Social Media	<input type="checkbox"/> Worship Guide

FOR OFFICE USE ONLY

Received by: _____ Date Processed: _____

Approved Not Approved

Comments: _____

