



ANNOUNCEMENT REQUEST

Date Requested: _____

Date Received in Office: _____

ANNOUNCEMENT / EVENT: _____

CONTACT PERSON NAME: _____

Home/Cell Phone _____ Email Address _____

NUMBER OF WEEKS BEFORE EVENT TO BE ANNOUNCED: 1 2 Other (Reason): _____

DATE(S) OF EVENT: _____ TIME OF EVENT: _____

LOCATION / ADDRESS OF EVENT: _____

COST OF EVENT: _____ PAYMENT DUE DATE: _____

WILL CHILDCARE BE AVAILABLE? _____ COST OF CHILDCARE: _____

ACTIVITY DESCRIPTION (Please limit to 50 words/250 total characters) _____



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