



Communication and Media Request Form

Please submit this form to Office@faithcrossroads.org or place in Heather's mailbox one month prior to your event.

Contact Information:

Event Title _____ Date of Event _____
Name _____ Email _____
(Contact person for event)
Phone Number _____

Promoting Events:

- | | |
|----------------------------------------------------------|---------------------------------------------------------------------------------------|
| <input type="checkbox"/> Create a Graphic for this Event | <input type="checkbox"/> FaithNews Weekly Email |
| <input type="checkbox"/> Facebook Post | <input type="checkbox"/> Sunday Service Announcement |
| <input type="checkbox"/> Website Post | <input type="checkbox"/> Outdoor Marquee Sign |
| <input type="checkbox"/> Pre-Service Slide | <input type="checkbox"/> Information at the Ministry Counter
Bulletin Announcement |
-

Details of the event:

Ministry Team Connection: Fellowship Worship FaithKids Helps
 Missions Facilities FaithStudents

Location of the Event _____

Target Audience _____

Description of the Event _____

Timing of the Event Begins: _____ Ends: _____
