

Communications Request Form

Ministry Team/Group _____
 Contact _____
 Email _____
 Phone _____

Event _____
 Date _____
 Time _____

Communications Tool	Person Responsible	Instructions	Target Completion Date
Digital Media			
Website			
<input type="checkbox"/> Page	_____	_____	_____
<input type="checkbox"/> Slider	_____	_____	_____
<input type="checkbox"/> Event	_____	_____	_____
<input type="checkbox"/> Social Media (FB & Twitter)	_____	_____	_____
<input type="checkbox"/> Blog	_____	_____	_____
<input type="checkbox"/> FaithLife	_____	_____	_____
<input type="checkbox"/> ArtsAlert	_____	_____	_____
Print Media			
<input type="checkbox"/> Postcards	_____	_____	_____
<input type="checkbox"/> Posters (On-Campus)	_____	_____	_____
<input type="checkbox"/> Bulletin Announcements	_____	_____	_____
<input type="checkbox"/> Eagle's View	_____	_____	_____
<input type="checkbox"/> Mailing	_____	_____	_____
<input type="checkbox"/> Flyers/Brochures	_____	_____	_____
Community Resources			
<input type="checkbox"/> Posters (Off-Campus)	_____	_____	_____
<input type="checkbox"/> Newspaper Ad	_____	_____	_____
<input type="checkbox"/> Newspaper Article	_____	_____	_____
<input type="checkbox"/> Contact Community Partner	_____	_____	_____
Other _____	_____	_____	_____