REQUEST FORM HOLY TRINITY COMMUNICATION



REQUESTED BY

Name	Date Submitted :											
				D	D	М	М	Υ	Υ	Υ	Υ	
Requested Via:	Email	In-Person	OTHER									
Ministry / Association / Staff ———————————————————————————————————												
INFORMAT	TION											
Subject of Communication :												
Event Date :			Frequ	iency	:							
Description :												
Outlet :	Website	Weekly Wor	d Social	Medi	a	В	ulleti	n	C	thers	;	
Start of Communication : End					d of Campaign :							
E-Mail :												
Have flyer? :	Yes	No	Need a desig	n? :		Yes	5		No			
This space is where yo	u can share ac	ditional informatio	on or requests o	n the :	sectio	n:						
Signature :												
More Information : 600 East Boulevard 704-334-4771 (Office) / www.htgo.org	jshelton@htgo	o.org				_		John	Shelt	on		