



ANNOUNCEMENT REQUEST

(Events, Meeting, Announcements)

ALL REQUEST MUST BE SUBMITTED BY WED AT 8PM

Please Print clearly and Fill out completely.

Event Name: _____ Date Submitted: ___/___/___

Auxiliary Meeting Fellowship Fundraiser Ministry Class Special Event Other _____

Location other than TDWC _____ Submitted by: _____

Auxiliary Name: _____ Coordinator: _____

Contact Person: _____ Phone: (____) _____ Email: _____

DATES & TIMES: This event is: **A One Time Event** OR **Repeating**

Date: _____ Time: _____ Place: _____

Please legibly print a brief description of your event with all the pertinent details, including appropriate ages of attendees, so that a volunteer at the Welcome Desk can accurately answer questions from both visitors and members.

•Announcement Request: Yes No Post Flyer only

Wording: _____

Signature: _____

Date: ___/___/___

I understand that my request will be reviewed and I will be contacted within 36 hours.

Any questions or concerns can be directed to announcements@totaldeliverance.org or (619) 670-6208

ROUTING CHAIN

ADMIN STAFF: Received & Reviewed by: _____ Date Received: ___/___/___ Frw'd on: ___/___/___

PASTOR: Reviewed: _____ Date: ___/___/___ Decision: (Check in box) Approv Disapproved

Pastor's Comments: _____

ADMIN STAFF: POSTED ON BOARD ___/___/___

Thank you for your continued support of the ministry.