

Temple Shaarei Shalom

Request for Photocopies/Labels/Lists/Website/Flyer/Press Release

PLEASE PRINT CLEARLY AND TRY TO SPELL ALL INFORMATION CORRECTLY

Today's Date: _____ Committee Name: _____

Person Requesting: _____ Phone Number: _____

Email address: _____ Date Request is Completed: _____

Please check off what you need and leave in the Administrator's Mail Box

_____ Photocopying (Requires 2 days advance)

Date you need photocopies: _____ Number of copies: _____

If more than one sheet, can it be double sided: Yes _____ No _____

Stapled: Yes _____ No _____

White paper: _____ Colored paper, what color: _____

Where should we put it when finished or who should we call: _____

_____ Labels (Requires 2 days advance notice)

Date you need Labels: _____ Committee Name for Labels: _____

Number of copies: _____ Sorted by: Zip Code () or Last Name ()

Sorted by: Membership () All Female () All Males ()

_____ Lists (Requires 2 days advance notice)

Date you need List: _____ Committee Name for List: _____

Membership () Women () Men ()

Description/Additional Information: _____

_____ Website (Requires 1 week advance notice)

Post on Page: (check all that apply)

_____ Adult Ed _____ Temple Activities _____ Auxiliary Groups _____ Calendar

_____ Event Flyers _____ Sun-Sentinel/Get Local _____ Yournews.com _____ WFLX.com

(Attach pertinent information Use additional page, if necessary- the more details the better)

(Continued on reverse side)

Temple Shaarei Shalom

Request for Photocopies/Labels/Lists/Website/Flyer/Press Release

PLEASE PRINT CLEARLY AND TRY TO SPELL ALL INFORMATION CORRECTLY

 Flyer (Requires 1 week advance notice)

Date needed/Number of Copies Needed: _____

Is flyer: *(check all that apply)*

_____ to be inserted in News & Views

_____ to be placed in lobby turntable

Name & Type of Event: _____

Day/Date & Time of Event: _____

Open to the Public? _____ Yes _____ No

Cost of Event: \$ _____ Member \$ _____ Couple \$ _____ Guests/Non-Members \$ _____ Children under _____ age

Checks Made Payable To and Deliver To: _____

Location of event: (and address if not in Temple) _____

Name(s) and phone number(s) to put on flyer if there are questions or for reservations: _____

Will flyer need a "tear off coupon" at the bottom?: _____ If yes, give details: _____

Describe event: _____

 Press Release (Requires 4-6 weeks advance notice/Events Open to the Public and/or News Stories Only-Provide details below)

Who: (Identify the organization, individual or subject being publicized) _____

What: (Identify the event, speaker or subject being publicized) _____

When: (Identify the Day, Date, Time of event or subject being publicized) _____

Where: (Identify the location (include address) if not at the Temple) _____

Why: (Identify why is this important) _____

How: (Identify how this came about and/or how it will be implemented) _____

Contact information to be included in release: _____

Describe event: _____

(Attach pertinent information Use additional page, if necessary- the more details the better)

Approved: _____

Name of Vice President

_____ *Administrator - Date*