

SJS Web Posting Request –

Please allow 5-7 working days to complete request

Requestor Information:			
First Name			
Last Name			
Address			
City/State/Zip			
Home Phone		Cell Phone	
Email			

Check the boxes and input information as requested

<input type="checkbox"/>	Name of Activity:
<input type="checkbox"/>	Describe the event:
<input type="checkbox"/>	Date of Activity:
<input type="checkbox"/>	Chairperson name and phone #:
<input type="checkbox"/>	If a ministry associated event, name ministry:
<input type="checkbox"/>	Who is responsible for communications (bulletin, web requests?)

Please complete all boxes below:

<input type="checkbox"/>	Who has the authority to approve this event? Is the content approved? Yes <input type="checkbox"/> No <input type="checkbox"/>	Approver name:	
<input type="checkbox"/>	Do you have a logo/graphic to send? Attachments to forms?	Logo	Attachments
<input type="checkbox"/>	What do you want to say?		
<input type="checkbox"/>	Who can be contacted with any questions? Phone #		
<input type="checkbox"/>	When do you want this posted?		
<input type="checkbox"/>	Other:		