

## PUBLICITY INFORMATION FORM

If you are planning a classroom activity, school event or other special event that you would like to have advance publicity for and/or you would like covered on the day of the event, please complete this form and return to Sheila Buttarazzi **AT LEAST TWO WEEKS PRIOR TO YOUR EVENT.**

TODAY'S DATE: \_\_\_\_\_

NAME: \_\_\_\_\_

SCHOOL: \_\_\_\_\_

GRADE: \_\_\_\_\_

EVENT NAME: \_\_\_\_\_

DATE/TIME OF EVENT: \_\_\_\_\_

LOCATION OF EVENT: \_\_\_\_\_

BRIEF DESCRIPTION OF EVENT: \_\_\_\_\_

WHO WILL BE INVOLVED IN THE EVENT? \_\_\_\_\_

\_\_\_\_\_

ANY SPECIAL GUESTS/PERFORMERS? \_\_\_\_\_

\_\_\_\_\_

WHAT MAKE THIS EVENT UNIQUE OR SPECIAL? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

WHAT IS THE BEST TIME FOR PHOTOS? \_\_\_\_\_

NAME AND PHONE NUMBER OF EVENT COORDINATOR: \_\_\_\_\_

\_\_\_\_\_

ANY OTHER PERTINENT INFORMATION? \_\_\_\_\_

\_\_\_\_\_