

_____ CHURCH NEWSPAPER SUBMISSION

DEADLINE IS _____ PM ON _____

The following information will appear IN the newspaper
....Please be certain it is correct.

CHURCH NAME: _____

CHURCH ADDRESS: _____

CHURCH PHONE: _____

PASTOR'S NAME: _____

Special service information:

Special events include programs such as **revivals, gospel music concerts, out of town speakers, choirs, homecomings, quarterly meetings, etc.** The newspaper reserves the right to review all submissions.

They must be typed or plainly printed and please include a contact person's name and phone number.

Type and time of service:

Date of Service: _____

Time of Service: _____

Day of Service: _____

Person submitting information: _____

Phone Number: _____

Form must be returned to _____ or Fax#: _____