



TEMPLE ISRAEL SISTERHOOD MARKETING REQUEST FORM

ALL REQUESTS MUST BE MADE 2-3 MONTHS BEFORE THE EVENT

Request # _____

Request Date: _____

Title of Project _____

Name of Requester (Program contact/s) _____

Email and Phone number/s _____

Supervisor (person submitting) _____

Email and Phone number _____

Additional Approvers: Name/Email/Ph.# _____

Type of Request: Online (attach the Zoom link): _____ In Person: _____

Fundraiser: _____ Program: _____ Update: _____ Change: _____

Date of Event: _____

Promo Placement: Website _____ Messenger _____ Email _____

*Social Media _____ Print (flyers etc.) _____

***Please fill out Social Media Request Form and email it to michellesisterhood@gmail.com**

Special Instructions: Please write date/s (no more than 2) when you want the posting of your event scheduled: Website _____ Messenger _____ Email _____

Social Media _____ Print (flyers etc.) _____

Description of event:

Target Audience: Sisterhood _____ Temple Members _____ Community _____

Location of Event: _____

Starting Time: _____ **Ending Time:** _____ **RSVP Date** _____

RSVP to: Name/Email/Ph. #/Address if needed _____

Project Due Date: _____ **Date for event/landing page to go live:** _____

Visual Ideas for graphics:

Handout/Flyer Information:

½ Sheet: _____ Other: _____ Date Needed: _____

Print For:

Temple Distribution: _____ ECC Back Packs: _____ Sisterhood: _____ Amount: _____

Postcard/Mailer: Date Needed to Mail: _____ Approx. Quantity: _____

Attachments included: Yes _____ No: _____

Submit form to: shellietisisterhood@gmail.com