SRC - TV
Saco River Community Television

ANNOUNCEMENT REQUEST FORM

Name _____ Date _____

Address _____
Street City State
Zip

Telephone Number: (In case we have questions about your announcement) _____

Non-Profit group or person Sponsoring the event: _____

Name or Title of Event that you are announcing: _____

Date of the event: _____ Location of the event: _____

(Please refer to the guidelines for submitting announcements on reverse.)

Special Notes or additional information, 30 words or less:

_____

_____

_____

_____

_____

_____

_____
Signature

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