SRC - TV Saco River Community Television

ANNOUNCEMENT REQUEST FORM

Name	Date
AddressStreet 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 th	e event:
(Please refer to the guidelines for submitting announcements on reverse.)	
Special Notes or additional information, 30 words or less:	
	Signature

SRC-TV 205 Rev. 1/98