

**Lynn Haven United Methodist Church  
Media Submission Form**

**Please see the back of this form for important information**

Your full name: \_\_\_\_\_  
Your phone numbers: Cell: \_\_\_\_\_ Home: \_\_\_\_\_ Work: \_\_\_\_\_  
Your email address: \_\_\_\_\_

This submission is for:     Newsletter     Bulletin     Slide Show

**Required Information**

**Complete name of the individual or group responsible for event:**

\_\_\_\_\_

**Complete name of event:**

\_\_\_\_\_

**Description of event (think in terms of someone who is new to our church reading this information...what information would they need to decide whether or not to attend this event? Who is the event mainly for, are others invited, and what will take place at the event?):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Day and date of event:** \_\_\_\_\_

**Beginning and ending time of event:** \_\_\_\_\_

**Exact location of event (including address if not on church grounds). Directions will not be published in the newsletter or bulletin, but you can provide a name and phone number within the article for people to call to obtain directions.**

\_\_\_\_\_

**Is registration or sign-up required?**     Yes     No    (see back)

**Deadline for registration/sign-up?** \_\_\_\_\_

**Does this event have a cost (fee/ book cost, etc)?** \_\_\_\_\_

**Does this event offer childcare? If so for what ages?** \_\_\_\_\_

**(Note: Event coordinator is responsible for obtaining childcare through the Nursery Department)**

**Lead contact person & phone number:** \_\_\_\_\_

**Back-up contact person & phone number:** \_\_\_\_\_

**If the above information is changed, cancelled, or if the event capacity is filled, please notify Mo Grindrod at 265-5231 or maureen@myLHUMC.net immediately.**