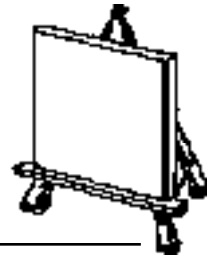


Date Submitted: _____



Publicity Request Form



Committee or Organization: _____

SGA President's Signature: _____

SGA Advisor's Signature: _____

Event/Title/Theme: _____

Date: _____ Times: _____

Location: _____

Cost: Students \$_____ Adults \$_____

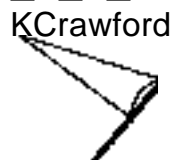
How/Where to Purchase Tickets: _____

Other Information: _____

Do not write below this line...Publicity Committee will complete. Thanks



Publicity Planning Worksheet



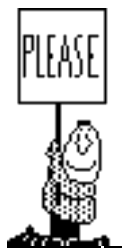
(see other side for additional planning information)

Committee Member	Technique	Completion Due Date	Put-Up Publicity
1			
2			
3			
4			
5			
6			
7			

Date Publicity to be Removed: _____

Person(s) Responsible for Removal: _____

EVALUATION:



MATERIALS NEEDED: