

Temple Emanu-El

Program Support Form

Please fill in the following information and submit to the office for advertising.

Event

Name: _____

Who Owns the Event?

Event Date: _____ Event Time: ____:____ am/pm to ____:____
am/pm

Has this event been approved at staff meeting? ____ yes ____ no

Do you have an advertising budget? ____ yes ____ no

How Much? \$ _____ From General/Restricted Account
/Fundraising

Event Location:

Event Cost: \$ _____ for members \$ _____ for non-
members

Event Tag Line:

Event Details: (Who, What, Why)

Do you have specific images you want used? ____ yes ____ no

Office Use Only: Date Received: _____ Date Advertising Started: _____

Where would you like this advertised: (Circle) * May require budget for advertisement.

TEE Website E-blast Connections Facebook* JCN*

The J* Mercury News* JValley BayJews

OyBay

PlanitJewish SFBayJews CPNA

Other: _____

Is this event co-sponsored? _____ yes _____ no

Sisterhood Brotherhood Youth Group Religious School

Other: _____

What is your Target Audience? (Circle)

Men Women Children Young Adults Non-Jews

Other: _____

Office Use Only: Date Received: _____ Date Advertising Started: _____

Current- 2/2010 Location-S:/Forms