



'NEWS FLASH'

TODAY'S DATE _____

SCHOOL NAME _____

DATE OF EVENT _____

START TIME _____ END TIME _____

LOCATION OF EVENT _____

GROUP/STUDENT/STAFF RECOGNIZED

NUMBER OF PARTICIPANTS _____

CONTACT PERSON _____

TITLE _____

CONTACT NUMBER _____

EMAIL ADDRESS _____

EVENT DESCRIPTION

Please email (tkelly@eacs.k12.in.us) or fax (446-0107) this form to Mrs. Tamyra Kelly, Public Relations Liaison atleast one week prior to the event.

PLEASE DO NOT SUBMIT THIS FORM DIRECTLY TO MEDIA!

DREAM IT. DO IT.