



# Saint Vincent Roman Catholic Church

## Publicity Form

6350 NW 18<sup>th</sup> Street

Margate FL 33063-2320

Phone: (954) 972-0434 Fax: (954) 971-9411

Email: [stvincent7@aol.com](mailto:stvincent7@aol.com)

Web site: [www.stvincentcatholicchurchmargate.org](http://www.stvincentcatholicchurchmargate.org)

Event name \_\_\_\_\_

Day(s) of the week \_\_\_\_\_

Date(s) \_\_\_\_\_

Start Time \_\_\_\_\_ Ending Time \_\_\_\_\_

Place: Provide the complete address and/or building name

Location \_\_\_\_\_

Cost \_\_\_\_\_

Purpose of the event \_\_\_\_\_  
\_\_\_\_\_

Contact person name \_\_\_\_\_

if applicable provide an email address: \_\_\_\_\_  
\_\_\_\_\_

Contact phone # \_\_\_\_\_ Fax # \_\_\_\_\_

If applicable, provide a deadline

date \_\_\_\_\_

(example: R.S.V.P. date; register by mm/dd)

List of points of interest \_\_\_\_\_  
\_\_\_\_\_

Type of form attachment \_\_\_\_\_

If applicable (example: application form as a word document attachment)

Prepared by: \_\_\_\_\_

Please print full name \_\_\_\_\_ Today's date: \_\_\_\_\_