



**ARCHDIOCESE OF MIAMI  
COMMUNICATIONS DEPARTMENT  
REQUEST FOR MEDIA COVERAGE**



**Today's Date:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**What type of media coverage do you want?**

- All Media
  Newspapers
  Television  
 Other: \_\_\_\_\_

**Date & Time of event:** \_\_\_\_\_ **Contact Person:** \_\_\_\_\_

**Type of event:**  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Where will the event be held?**      Monroe      Miami- Dade      Broward

**Location/ Address:**  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Information about the event:**  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\* FORM MUST BE TURNED IN 4 WEEKS PRIOR TO THE EVENT!  
 \* NOT ALL REQUESTS MAY BE FULFILLED BY MEDIA.  
 \* **FAX COMPLETED FORM TO THE COMMUNICATIONS DEPARTMENT (305) 751-6227**  
 \* **QUESTIONS/ CONCERNS CALL (305) 762-1046 OR EMAIL [jdiprado@theadom.org](mailto:jdiprado@theadom.org)**