



**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.
* QUESTIONS/ CONCERNS CALL (305) 762-1236 OR EMAIL mjurado@theadom.org