

This page must be filled out in whole for the submission to be considered for publication.

FULL NAME OF PERSON SUBMITTING: _____ **DATE SUBMITTED:** _____

BEST WAY TO CONTACT (fill in phone OR email)

Phone: _____ **OR** **Email:** _____

Hand-written or typed (legible writing)

OK TO PUT IN SPECIAL EDITION (if applicable)? Yes No

PRIORITY (*Rating of importance of submission*) – 5 being highest priority & 1 being lowest priority

(Check one) **5** **4** **3** **2** **1**

IF FROM A SOURCE, (information was originally from another form of media, e.g. magazine, newspaper, etc.)

CITE SOURCE (if applicable) Name _____ Date _____

By signing or typing your name, you acknowledge that you read the Newsletter guidelines and agree to the terms.

Signed _____

