**Notification of Event to Social Communication Ministry**

One form for each event to be submitted at the beginning of the year. Kindly email to **soccomm.olg@gmail.com**

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| Event Name Click here. | | | Confirmed (C) / Tentative (T)  Click here. | |
| Date, time and duration of event  Click here. | | Contact person  Click here. | | |
| Council/Ministry/Apostolate/BEC  Click here. | | Contact no.  Click here. | | |
| Objective/Purpose (Sacraments/Formation/etc.)  Click here to enter text. | | | | |
| Background (If not new, when was previous event, annual occurrence or one time)  Click here to enter text. | | | | |
| Description (of the event and how the event affects our parish life, BEC, etc)  Click here to enter text. | | | | |
| **Request for SocComm assistance** | | | | |
| **Activity** | | **\*Days/**  **weeks** | **\*Date required** | **\*\*SocComm members assigned** |
| 1 | Announcement/News reporting | Click here | Click here | Click here |
| 2 | Photography | Click here | Click here | Click here |
| 3 | Formatting for Website | Click here | Click here | Click here |
| 4 | Setup of paperless registration forms | Click here | Click here | Click here |
| 5 | Click here | Click here | Click here | Click here |
| 6 | Click here | Click here | Click here | Click here |
| Remarks  Click here | | Outcome informed to requesting Ministry/Council/BEC: (date & member)  Click here | | |
| \*If event is tentative, indicate date as days or weeks before event date  \*\*SocComm will assign member if expertise available inhouse. Funds required in event expertise is outsourced. | | | | |