



PUBLIC SERVICE ANNOUNCEMENT (PSA) FORM

Kindly submit this form at least 2 weeks in advance of the event.

Name of organization: _____

Mailing address: _____

Person submitting: _____

Phone number: _____

E-mail: _____

Location of event: _____

Description of event: _____

Date[s] and time[s] of event: _____

For more information contact (Name, Phone Number, and/or E-mail):

Last date for announcement: _____

E-mail information to: info@wsbp943.org

Or **mail** information to:

WSBP-LP - PSA Form

P.O. Box 29, Wood-Ridge, NJ 07075