



JOIN HANDS DAY SUMMARY

RETURN WITHIN 30 DAYS OF THE EVENT TO THE OUTREACH AND ENGAGEMENT DEPT.

Court / Impact Team Name and No: _____

City: _____ State: _____

Contact Name: _____ Phone: _____ Email: _____

Date of Event: _____ Amount Raised: _____

1) Event Sign In / Media Release:

Please have your members and volunteers sign in for the event and initial the boxes below to acknowledge their media release; parent please initial for child. *I grant permission to 1891 Financial Life to use my image (photographs and/or video) for use in 1891 Financial Life publications, website, social media, and/or YouTube.* If you need more space, use a separate sheet of paper.

Total Number of Attendees at the Event: _____

NAME	MEMBER?	MEDIA RELEASE

NAME	MEMBER?	MEDIA RELEASE

2) Share Your Success: Send Photos and Video!

Share your success! Tell us about the event and send photos and video:

Printed photos of the event mailed with form, or Digital items emailed to outreach@1891FinancialLife.com

Tell us about highlights, special guests, reactions, etc.: _____

ONE OFFICER SIGNATURE REQUIRED:

POSITION PRINT NAME SIGNATURE

EMAIL PHONE DATE

Please submit this form to be no later than postmark June 10 of the current year to:

1891 Financial Life Outreach and Engagement
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