

## **PUBLICITY DIRECTOR'S MONTHLY REPORT FORM**

ASSOCIATION: \_\_\_\_\_

PUBLICITY DIRECTOR: \_\_\_\_\_

DATE OF REPORT: \_\_\_\_\_ DATE OF MEETING: \_\_\_\_\_

NAMES OF NEWSPAPERS FROM WHICH ITEMS WERE CLIPPED	NUMBER OF CLIPPINGS

DID YOU RECEIVE ANY COVERAGE ON LOCAL TV? YES ( ) NO ( )

IF SO, ON WHAT LOCAL STATION AND CHANNEL? \_\_\_\_\_

WHAT WAS THE SUBJECT COVERED? \_\_\_\_\_

DID YOU RECEIVE ANY COVERAGE ON LOCAL RADIO? YES ( ) NO ( )

IF SO, ON WHAT LOCAL STATION ? \_\_\_\_\_

WHAT WAS THE SUBJECT COVERED? \_\_\_\_\_

DO YOU HAVE AN ESTABLISHED COLUMN IN YOUR LOCAL NEWSPAPER TO COVER BOWLING NEWS? YES ( ) NO ( )

IF YES, WHAT PAPER AND WHAT BY-LINE USED: \_\_\_\_\_

DOES YOUR ASSOCIATION PREPARE A MONTHLY NEWSLETTER? YES ( ) NO ( )

IF YES, PLEASE ATTACH A COPY OF THE NEWSLETTER.

DOES YOUR ASSOCIATION MAINTAIN A LOCAL ASSOCIATION WEB -SITE? YES ( ) NO ( )

IF YES, E-MAIL ADDRESS OF WEB-SITE: \_\_\_\_\_