

PUBLICITY DIRECTOR'S MONTHLY REPORT FORM

ASSOCIATION: _____

PUBLICITY DIRECTOR: _____ DATE OF MEETING: _____

WEBSITE: _____ UPDATED: _____

E-MAIL ADDRESS: _____

NAMES OF NEWSPAPERS FROM WHICH ITEMS WERE CLIPPED	NUMBER OF CLIPPINGS
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

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

STATION AND CHANNEL: _____

SUBJECT COVERED? _____

DOES YOUR LOCAL NEWSPAPER HAVE A COLUMN TO COVER BOWLING? YES [] NO []

DOES YOUR LOCAL NEWSPAPER HAVE A COLUMN TO COVER SPORTS? YES [] NO []

IF YES, WHAT PAPER AND BY-LINE USED: _____

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

IF YES, PLEASE ATTACH A COPY OF THE NEWSLETTER.

Please forward report form to the Provincial Office if you are **NOT** sending in by e-mail or if you are attaching newspaper clippings and/or your Association newsletter.

Please notify the office if you have added or changed an e-mail address or web-site.

PUBLICITY CHAIR SIGNATURE: _____