



Media Operations Delegate Report

BVB-50

Media Operations Delegate Report Form (+ 7 days)

FIVB Beach Volleyball 2014

Event Venue:

Event Date:

Title of the Event:

Please enclose the BVB-37 checklist form and photos of the media infrastructures.

1. Media Operations Delegate

Last name:

First name:

2. Local Press Staff

Last name

First name

Function

Email

Number of volunteers

3. Positives

4. Items needed

Place and Date:

Signature:

X