

Media Operations Delegate Report				BVB-50
Media Operations Delegate R	teport Form (+ 7 days)			FIVB Beach Volleyball 2014
Event Venue:				Event Date:
Title of the Event:				
Please enclose the BVE	B-37 checklist form a	and photo	s of the media	infrastructures.
1. Media Operations De	legate			
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:			Χ	