

HOST BROADCASTER / DOMESTIC BROADCASTER PROGRAMMING INTENTIONS (BVB.14 form)

Please indicate the Event's specifics:

Name of the Event: Please indicate the Event broadcast dates and times:					
Competition Day & Match	Broadcast Date	Time From	Time To	Transmission Live / Tape-Delayed Or Highlights	TV Channel
Name of the Host		ficial TV	Produc	er:	

Please email this form to the TV Agency no later than <u>60 days BEFORE</u> the event <u>FIVB.TVAgency@imgworld.com</u> and copy the FIVB Beach Volleyball <u>beach@fivb.org</u> and FIVB TV & Marketing <u>tv.marketing@fivb.org</u> departments.

