



HOST BROADCASTERS / DOMESTIC BROADCASTER TV BROADCASTING REPORT (BVB.16 form)

Please indicate the Event's specifics:

Name of the Event:

Name of the Host Broadcaster:

FULL MATCH COVERAGE

Date	Match number	TV Channel	Live or Tape delay	Broadcasting Start time/ End time	Actual Audience (1000's)	Audience Share (%)

HIGHLIGHTS / NEWS COVERAGE

Date	Broadcasting start time / end time	TV Channel	Actual Audience (1000's)	Audience Share (%)

Please email this form to the TV Agency no later than **7 days AFTER** the event
FIVB.TVAgency@imgworld.com and copy the FIVB Beach Volleyball beach@fivb.org
 and FIVB TV & Marketing tv.marketing@fivb.org departments.