

Southborough Access Media

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EVENT COVERAGE REQUEST FORM

Name of Organization: _____

Event: _____

Date of Event: (Month) _____ (Day) _____ (Year) _____

Location of Event: _____

Approx. Duration (time) of Event: (Hours) _____ (Minutes) _____

Purpose of Event or Event Description: (write in the blank space below)

*Requested by (print name): _____

Signature: _____

Contact Phone: _____ EMail: _____ Date: _____

*Must be an authorized representative of the aforementioned organization. Submitted form must be provided at least two (2) weeks before said event. Coverage of events is not necessarily guaranteed.