



## Fiesta Flambeau® Parade Association, Inc. TV SCRIPT/MEDIA Information

A television script will be prepared based on information you provide. To ensure that your organization receives the best possible press coverage, please fill out the following:

Name of Organization: \_\_\_\_\_

Name of Person/Persons Representing Organization, include title (President, Queen, Band Director, etc.)

1) \_\_\_\_\_

2) \_\_\_\_\_

What year was your organization/school established: \_\_\_\_\_

Organization/School Mascot Name: \_\_\_\_\_

Mission Statement: \_\_\_\_\_

Please list 3 significant facts about your organization/school (ex: awards within last three years, historic connection, etc.) NOTE: Due to TV time please limit to 3 significant facts)

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

Please return no later than **March 15, 2020**

Person Submitting Application/Script Information

Name (**PRINT**): \_\_\_\_\_

Signature: \_\_\_\_\_