



National BYBS Week Media Information Form

Participant Name: _____

Program Name & Year: _____

High School: _____

Expected Year of Graduation: _____

Presentation Location (elementary school, Boys & Girls Club, YMCA, etc.):

Presentation Location Address: _____

Date & time of presentation: _____

Summarize the presentation: _____

Please share any interesting information that will make this story even more appealing to the media: _____

Please list any TV stations, newspapers or other media outlets in your area: (this will help us ensure your local media is notified of your presentation)

Chaperone's Name: _____

Note: Participants may make presentations to multiple groups.

Please complete a separate form for each presentation.

*Please return this form via mail, email, or fax no later than April 3, 2017.

Distinguished Young Women
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