

PROMOTIONAL MATERIAL DISTRIBUTION TRACKING SHEET

EVENT: LADIES' NIGHT (SAMPLE)
 VENUE NAME: _____

STREET TEAM MEMBERS: Annie Jones, Billy Smith
 ADDRESS: _____

NIGHT OF WEEK Sun
 MUSIC TYPE: Top 40
 NOTES _____

BUSINESS INFO

DATE (S)

OF FLYERS

NAME: Alexis' Nails
 ADDRESS: _____

 Manager: _____

3/25/21

4/02/21

 Notes: _____

100

so

NAME: Giana's Tans
 ADDRESS: _____

 Manager: _____

3/25/21

4/02/21

 Notes: Asked for more flyers, and getting
positive feedback!

100

125

NAME: Miranda's Hair Salon
 ADDRESS: _____

 Manager: _____

3/25/21

4/02/21

 Notes: _____

100

100

* This form can be customized depending on how many weeks you want to represent on each page. You can also fill in all the business names and addresses ahead of time, so your street team knows exactly where you want them to go.