

PROMOTIONAL MATERIAL DISTRIBUTION TRACKING SHEET

EVENT: _____

STREET TEAM MEMBERS: _____

VENUE NAME: _____

ADDRESS: _____

NIGHT OF WEEK: _____

MUSIC TYPE: _____

NOTES: _____

BUSINESS INFO

DATE (S)

OF FLYERS

NAME : _____

ADDRESS: _____

Manager: _____

Notes: _____

NAME : _____

ADDRESS: _____

Manager: _____

Notes: _____

NAME : _____

ADDRESS: _____

Manager: _____

Notes: _____

* 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.