



Neighbours, Friends & Families

Community Coordinator Media Tracking Sheet

Date of coverage	Type of news coverage	Name and Location of Media Outlet
	<input type="checkbox"/> Newspaper article (please attach copy) <input type="checkbox"/> T.V. <input type="checkbox"/> radio <input type="checkbox"/> other (please explain)	
	<input type="checkbox"/> Newspaper article (please attach copy) <input type="checkbox"/> T.V. <input type="checkbox"/> radio <input type="checkbox"/> other (please explain)	
	<input type="checkbox"/> Newspaper article (please attach copy) <input type="checkbox"/> T.V. <input type="checkbox"/> radio <input type="checkbox"/> other (please explain)	
	<input type="checkbox"/> Newspaper article (please attach copy) <input type="checkbox"/> T.V. <input type="checkbox"/> radio <input type="checkbox"/> other (please explain)	
	<input type="checkbox"/> Newspaper article (please attach copy) <input type="checkbox"/> T.V. <input type="checkbox"/> radio <input type="checkbox"/> other (please explain)	