



XVI Lithuanian Folk Dance Festival Media Application Form

Please print clearly – all below information must be completed.

APPLICANT LAST NAME: _____

APPLICANT FIRST NAME: _____

MEDIA ORGANIZATION: _____

TYPE OF MEDIA (TV, Radio, Wire Service, Online, Newspaper, Magazine, etc.):

MEDIA WEBSITE: _____

OFFICE ADDRESS: _____

COUNTRY OF MEDIA ORGANIZATION: _____

APPLICANT JOB TITLE: _____

APPLICANT PHONE #: _____

APPLICANT EMAIL: _____

APPLICANT ADDRESS: _____

Completed and scanned forms should be submitted to: pr@sokiusvente2020.org