



Media Credential Request Form

Date of Event: Dec 27-29, 2021



Submission Date: _____ Requested By: _____

Address: _____ City, State, Zip: _____

Phone: Office _____ Cell: _____

Type of Outlet _____ Online URL: _____
 (Newspaper/Magazine/Other _____)

Please complete a separate credential request box for each member of your outlet and indicate his or her functions. If you need additional credential request boxes, please print additional copies of this form.

Credential Request Box #1

First, Last Name	
Email and Cell	
<input type="checkbox"/> Print Reporter	<input type="checkbox"/> Still Photographer
<input type="checkbox"/> Television/Video Crew	<input type="checkbox"/> Equipment Technician
<input type="checkbox"/> Online Reporter	<input type="checkbox"/> Radio Producer

Credential Request Box #2

First, Last Name	
Email and Cell	
<input type="checkbox"/> Print Reporter	<input type="checkbox"/> Still Photographer
<input type="checkbox"/> Television/Video Crew	<input type="checkbox"/> Equipment Technician
<input type="checkbox"/> Online Reporter	<input type="checkbox"/> Radio Producer

**Please return this form to:
jmccorvey@pinebluff.com**