

## 2009 Tri-City Speedway Media Credential Request Form

I am requesting the following media credentials (please check all that apply):

Reporter: \_\_\_\_\_ Photographer: \_\_\_\_\_ Other: \_\_\_\_\_

Newspaper: \_\_\_\_\_ Magazine: \_\_\_\_\_ Television: \_\_\_\_\_ Radio: \_\_\_\_\_ Online: \_\_\_\_\_

Name: \_\_\_\_\_

Name of Organization/Affiliate: \_\_\_\_\_

Title: \_\_\_\_\_

Phone number: \_\_\_\_\_ After Hours: \_\_\_\_\_

Web Address of Organization: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Referred by: \_\_\_\_\_ Phone#: \_\_\_\_\_

Credentials need to be submitted 2 weeks prior to the scheduled event:

Date Submitted: \_\_\_\_\_ (Check one) Emailed: \_\_\_\_\_ Faxed: \_\_\_\_\_

Approved Photographer Credentials will need to provide a Disc of all photos to Tri-City Speedway. I hereby grant Tri-City Speedway to use my photographs in any and all publications, including web site, promotional material, etc. without payment or any other consideration of perpetuity. I hereby authorize Tri-City Speedway to edit, alter, copy, exhibit, publish or distribute these photos. I agree not to sell photographs on Tri-City Speedway property. \_\_\_\_\_ (Initial)

**Which event/events will you be covering:**

Date: \_\_\_\_\_ Event: \_\_\_\_\_

Date: \_\_\_\_\_ Event: \_\_\_\_\_

Date: \_\_\_\_\_ Event: \_\_\_\_\_

We will notify you by email to confirm your credentials. Once approved if unable to attend please call our office to cancel credential request.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Thank you for your interest in covering Tri-City Speedway Events. We look forward to working with you and your staff.**

Thanks,

**Tammy Gundaker**

[tricityspeedway@msn.com](mailto:tricityspeedway@msn.com)

Fax: 618-931-3217

Office: 618-931-7836

Credential Request