

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

Fax: 618-931-3217

Office: 618-931-7836

Credential Request