2018 Tri-City Speedway Media Credential Request Form

I am requesting the follo	_			ll that apply):
Reporter: Photog	rapher:	Other:		
Newspaper: Mag	azine:	_ Television:	Radio:	Online:
Name:				
Name of Organization/A				
Title:				
Phone number:	<i>F</i>	After Hours:		
Web Address of Organiz	zation:			
Fax Number:				
Address:				
Email: Referred by:		Phono#:		
Referred by.				
Credentials need to be su	ibmitted 2 we	eks prior to the s	scheduled event	
Date Submitted:				
	(0110	on one, Emanea	· ~	
Approved Photographer C Speedway. I hereby grant	t Tri-City Spe	edway to use my	photographs in	any and all publications
including web site, promo		•	•	
perpetuity. I hereby autho	•			- •
these photos. I agree not	to sell photog	graphs on Tri-City	y Speedway pro	perty (Initial)
Which event/events will	vou bo cov	orina:		
		_		
Date:		Event:		
Date:				
Date:		Event:		
We will notify you by ema	il to confirm y	our credentials	Once approved	if unable to attend pleas
call our office to cancel cr			ones approved	ii dilabio to attoria pioac
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