



Request for Annual Media Credentials

Name of Media Outlet: _____

Type of Media Outlet (circle one): Daily News Weekly News TV Radio Internet Other _____

School Year For Which Pass is Requested: _____

Mailing Address _____

Phone Number _____ Fax Number _____

Email _____ Website _____

Sports Editor/Director _____ Spots Editor/Director Signature _____

Clearly list names and indicate the function of the representatives for whom the credentials are being requested by checking either media or photo. A head shot photo in jpg format must be submitted for each individual that a credential is being requested for. Only one credential will be issued per person.

First & Last Name	Media	Photo

This pass is for admission to CIAC regular season games and state tournament events, with the exception of state finals in football, hockey and basketball. Media should contact the venue's sight director in advance in order to secure work space at a press box/table. Please submit your completed request form via mail or email to:

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