



## 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/City/State/Zip \_\_\_\_\_

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:

John Holt  
 CIAC  
[jholt@casciac.org](mailto:jholt@casciac.org) 203-250-1111 x3936