



MEDIA CREDENTIAL APPLICATION

(Please Complete One Application Per Person)

CONTACT INFORMATION

Name: _____

Title: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Telephone: _____ Fax: _____

Email: _____ Date Attending: _____

COMPANY INFORMATION

Company Name: _____

Media Type: _____

Telephone: _____

Address (if different than above) _____

Applicant's Signature

Date

ADDITIONAL REQUIREMENTS:

Credentials are NON-TRANSFERABLE and will be confiscated if abused. Your cooperation is appreciated.

Scan and email this form and letters of assignment, examples of previously published work and at least two industry references to:

alex@jukasamotorspeedway.com

PLEASE SUBMIT THIS APPLICATION AT LEAST ONE WEEK BEFORE THE EVENT. BY...

Confirmation of approval will be sent by email.