



**MEDIA CREDENTIAL APPLICATION**

Please fill out all fields and attach any additional information pertinent to the application. The entire application must be completed and received in a timely manner in order to be processed. Additional applicants within the same organization need only to complete the last two pages and accompany them with one copy of the first page.

**EVENT SPECIFICS**

Region: \_\_\_\_\_

Event Name: \_\_\_\_\_

Event Venue: \_\_\_\_\_ Event Date(s): \_\_\_\_\_

**ORGANIZATION**

Company: \_\_\_\_\_

Company Address: \_\_\_\_\_

Company URL: \_\_\_\_\_

Company Contact Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Ext: \_\_\_\_\_ Fax: \_\_\_\_\_

<b>Please Attach Business Card Here:</b>



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## MEDIA CREDENTIAL APPLICATION

### APPLICANT INFORMATION

Applicants Full Name: \_\_\_\_\_

Title/Position: \_\_\_\_\_

Phone: \_\_\_\_\_ Ext: \_\_\_\_\_ Fax: \_\_\_\_\_

Mobile: \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Phone: \_\_\_\_\_ Relation: \_\_\_\_\_

### MEDIA TYPE

Television Show: \_\_\_\_\_ Network: \_\_\_\_\_

Radio Show: \_\_\_\_\_ Type: \_\_\_\_\_

Frequency: \_\_\_\_\_ Location: \_\_\_\_\_

Magazine Name: \_\_\_\_\_ Type: \_\_\_\_\_

Newspaper Name: \_\_\_\_\_ Type: \_\_\_\_\_

Website Name: \_\_\_\_\_ Type: \_\_\_\_\_

URL: \_\_\_\_\_

Other: \_\_\_\_\_

\_\_\_\_\_



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## MEDIA CREDENTIAL APPLICATION

MEDIA CREDENTIAL TYPE REQUESTED (please check one)

Off-track (journalist, producer, etc?): \_\_\_\_\_

On-track (photographer, videographer, etc?): \_\_\_\_\_

### TERMS AND CONDITIONS OF AGREEMENT:

Completion and submission of this application does not guarantee the issuance of media credentials. The GGD Media Credentials Application must be received by GGD one (1) week prior to the event requested. Media credentials are limited per event and will be granted approval at the discretion of GGD. Members of the media are responsible for confirming their credentials before the event. GGD reserves the right at any time to revoke or terminate any media credentials at their discretion. **Only thing we require is (5) photo's be submitted within (7) days of event. Submit to Media@goldengatedrift.com** Requests from media members must be event specific and may only be requested by using the GGD Media Credentials Application. Applicants may submit and are encouraged to submit additional information regarding their resume or experience with the application. All media applications must be at least 16 years of age and follow all rules set forth in the GGD Competition Rules and Regulations (CRR) at the event. For additional questions or concerns regarding proper attire and etiquette, please email media@goldengatedrift.com.

If granted media credentials, GGD reserves the right to request any and all media coverage pertaining to the event including, but not limited to, hardcopies of video footage, photos, and articles. Media coverage requested will solely be used for the purpose of GGD and proper credentials and recognition will be attributed to the respective party.

By signing below:

I agree and have fully read and understood the Terms and Conditions of Agreement. I warrant that all information I submit in this application is true and any falsification of information may be subject to prosecution to the fullest extent of the law.

Applicants Name (printed): \_\_\_\_\_

Applicants Signature\*: \_\_\_\_\_ Date: \_\_\_\_\_

\*If submitted by mail please print and sign applicant name, if submitted by email please leave this section blank and must be completed on event day before applicant will be granted access.