



2008 ARIZONA CACTUS CLASSIC
MEDIA CREDENTIAL REQUEST FORM
(ONE FORM PER PERSON, ALL FIELDS REQUIRED)

NAME: _____

MEDIA ORGANIZATION: _____

CHECK ONE:

NEWSPAPER	MAGAZINE	RECRUITING SERVICE	INTERNET	TV	RADIO
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

TITLE: _____

ADDRESS: _____

PHONE: _____

FAX: _____

EMAIL: _____ (IMPORTANT: THIS WILL BE USED FOR CONFIRMATION)

PHOTO JOURNALIST? YES ___ NO ___

PLEASE FAX YOUR COMPLETED FORM TO 520-881-5001. YOUR CREDENTIAL WILL BE AVAILABLE AT THE SOUTH ENTRANCE OF MCKALE MEMORIAL CENTER.

