



Media Credentials Request

First Name: _____

Last Name: _____

Address: _____

City: _____

State: _____

Zip: _____

Birthdate: _____

Nationality: _____

Employed by: _____

Job Title: _____

Primary Interest in this event: _____

Primary Medium you work in: _____

Initial the box to the right attesting that you are an active Journalist:

You will need to sign this application and provide ID when you pick up your Media Pass

Send back via email with an attached photo (head shot) to bill@indykartingclassic.com