



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

Please include your business card (copies accepted)

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

Mail: Riverside International Speedway
P.O. Box 1969
Antigonish, NS, B2G 2M5; **or**

Fax: 902-863-4662

Confirmation of approval will be sent by email.