

MEDIA CREDENTIALS APPLICATION

MEDIA OUTLET:		
CONTACT PERSON:		
TITLE:		
PHONE:	EMAIL:	
YES, we would like to cover the 2019 High S credentials for the listed employees (maximul If personnel have not yet been determined, space. When employees have been assign	um of two). please indicate "to be o	determined" in the name
1) Name:		
Cell Phone:		
2) Name:		
Cell Phone:		
Credentials and media package(s) will be is your organization, for the express purpose of media outlet.		
Return this form via USPS or email (subj September 9th.	ect line: Credentials)	to arrive on or before
Greg Gutting % High Sky Wing P.O. Box 61064 Midland, TX 79711-1064		210-326-5983 ggutting@highskywing.org