



## Media Credential Request

I am requesting the following media credentials (please check all that apply) Those fields with an asterisk \*, are required.

- Reporter     Photographer     Other  
 Newspaper     Television     Magazine     Online     Radio     School

**\*First Name:** \_\_\_\_\_

**\*Last Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**\*Organization / Affiliate:** \_\_\_\_\_

**Web Address of** \_\_\_\_\_

**Organization / Affiliate:** \_\_\_\_\_

**\*Phone:** \_\_\_\_\_

**Mobile:** \_\_\_\_\_

**Fax Number:** \_\_\_\_\_

**\*Email Address:** \_\_\_\_\_

**\*Mailing Address:** \_\_\_\_\_

**\*City:** \_\_\_\_\_

**\*State:** \_\_\_\_\_

**\*Zip:** \_\_\_\_\_

**So that we can help you obtain the coverage that you need, please list any other requests below (Specific interviews, access/footage needed, special story angle , etc.):**

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Please fax or email your request to  
Elizabeth Gunn, Miami-Dade Sports Commission  
Ph: (305) 818-7188, ext 1000  
Fax: (305) 819-2545  
[egunn@miamisports.org](mailto:egunn@miamisports.org)