



MEDIA RELEASE FORM

Please PRINT the following information:

NAME: _____ TITLE: _____

ADDRESS: _____

_____ CITY/STATE/ZIP: _____

CELL/HOME PHONE: _____ (OPTIONAL) EMAIL ADDRESS: _____

ORGANIZATION REPRESENTED (IF APPLICABLE): _____

PHOTO/VIDEO/INTERVIEW DATE: _____

DESCRIPTION OF ACTIVITY/EVENT BEING DOCUMENTED: _____

(FOR GROUP PICTURES) ORDER OF PERSONS FROM LEFT-RIGHT AND TOP-BOTTOM (BY LAST NAME):

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