



MEDIA PASS REQUEST EVENT COVERAGE

NAME OF EVENT: _____

DATE: _____

TIME: _____

TYPE OF PASS REQUESTING

Photo (#): _____

Video/TV (#): _____

Reviewer Tickets (#): _____

NAME: _____

TITLE: _____

DEPARTMENT: _____

NAME OF MEDIA OUTLET: _____

CIRCULATION: _____

ASSIGNMENT: _____

(If not an employee): _____

PRE-EVENT STORY: _____

(Title of story and date to run): _____

Notes:

Please complete form and return to: Media Relations Department
Webster Bank Arena - 600 Main Street, Bridgeport CT 06604
Fax: 203.331.1405 or e-mail media@harboryardse.com

Please attach a copy or photocopy of your publication and any stories you have run on this event or the same event in a previous year.

If request is approved, you will be contacted by show personnel prior to the event. Please note that most shows are more likely to grant event access if a pre-event story runs in your publication.