



APPLICATION: ARLINGTON INTERNATIONAL RACECOURSE 2019 MEDIA CREDENTIALS

Name of Applicant: _____

Affiliation: _____

Postal Address: _____

E-Mail Address: _____

Work Phone: _____ Mobile Phone: _____

[NOTE: If you are a supervisor submitting applications for multiple representatives of a single outlet you do not have to fill out a separate form for each applicant. Please fill in the blanks with the information of your outlet's primary contact and attach a sheet with the names and titles of additional applicants.]

Access and amenities requests (check all that apply):

Barn Area Access

Photographers check here (Please check if this request is for a photographer or cameraman)

Supervisor contact. Please provide name and contact information for an editor, producer or other supervisor with knowledge of your assignment(s) for the applicable day(s):

Name: _____ Title: _____

Phone: _____ E-mail: _____

Submit to Grant LaGrange, Manager of Communications

E-mail: Grant.LaGrange@ArlingtonPark.com Fax: (847) 870-6727