



## **Marauder Athletics Media Credential Request Form**

**Email completed request forms to: [byron.devers@avc.edu](mailto:byron.devers@avc.edu)**

**Email address \***

**First name \***

**Last name \***

**Address 1 \***

**City \***

**State \***

**ZIP Code \***

**Cell Phone Number \***

**Please enter your birthdate: \***

MM/DD/YYYY

Must be 18 years or older or accompanied by an adult

**Today's Date \***

MM/DD/YYYY

All requests must be submitted 120 hours (5 days) before event

**What do you intend to do with content captured at the event? \***

**How do you intend to distribute the content that you collect at the event? \***

**Please provide a link to your portfolio and/or your social media handle(s) \***

**Company or Business name \***

**Credential Type(s) Requested \***

Photography

Videography

Other - Please specify in "Additional Information" section below

**Date of the AVC Athletics contest that you are requesting a credential for \***

**Sport(s) you are requesting a credential for? \***

**Men or Women Sport? \***

Men

Women

**Are you working for or on behalf of a media outlet? \***

Yes

No

**Name of media outlet**

**Media outlet press ID#**

**Certificate of Liability Insurance Policy No.**

**Additional Information**

i.e. Are you requesting for an individual athlete or coach?

**\* required field**