



## SPOOKY CROSS / CROSS AFTER DARK 2011

# Media Credential Application

### MEDIA NAME

Circulation / Reach

Email Address

\_\_\_\_\_

TV  Print  Radio  Web

### REPRESENTATIVES

Name

Function

Press Card Number (Attach Copy)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please check all days you will be present at Spooky Cross Weekend:  Saturday, Oct. 15  Sunday, Oct. 16

### PRESS RELEASES

Information about the Spooky Cross Weekend is to be sent to the following address:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Email: \_\_\_\_\_ Fax: \_\_\_\_\_ Phone: \_\_\_\_\_

### CLIPPINGS

We will send copies of all published articles & photos to the Spooky Cross Weekend.  Yes  No

Signature

Date

Complete the form and fax to (626)-797-8950 or email to Dorothy Wong at [dot@socalcross.org](mailto:dot@socalcross.org)

For more information, visit: <http://socalcross.org>