

# Tennessee Secondary School Athletic Association

## State Girls' Soccer Media Credential Request Form

This form must be in our office no later than 12:00 PM CT, Monday, November 1<sup>st</sup>.  
(Please print or type all of the requested information)

**MEDIA OUTLET:** \_\_\_\_\_

Check One: \_\_\_\_\_ Newspaper \_\_\_\_\_ Television Station \_\_\_\_\_ Radio Station

Name of Person Submitting Request: \_\_\_\_\_

Signature of Person Submitting Request: \_\_\_\_\_

### Contact Information (Must be Included):

E: Mail: \_\_\_\_\_ Phone: \_\_\_\_\_

Below, please check which tournament(s) for which you are requesting credentials:

\_\_\_\_\_ Class A-AA Tournament

\_\_\_\_\_ Class AAA Tournament

\_\_\_\_\_ Division II Tournament

School(s) covering during this event: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please list below to whom the Credentials are to be issued:

Credential #1: \_\_\_\_\_

Credential #2: \_\_\_\_\_

**NOTE:** Requests for credentials beyond the two allowed per outlet must be accompanied by a letter written on company letterhead explaining the necessity for those additional credentials and the names of the individuals to whom the extra credentials will be issued.

If you would like to have your media credentials mailed to you, please give us your mailing address:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### PLEASE RETURN TO:

Matthew Gillespie ♦ TSSAA ♦ P.O. Box 319 ♦ Hermitage, TN 37076 ♦ Fax: (615) 889-0544