



2017 QUICKCHEK NEW JERSEY FESTIVAL OF BALLOONING MEDIA CREDENTIAL APPLICATION

AFFILIATION _____
EDITOR/PRODUCER _____
ADDRESS _____
CITY/STATE/ZIP _____
PHONE _____
EMAIL ADDRESS _____
AUDIENCE/CIRCULATION _____

NAME

MEDIA CATEGORY

(Editor, Reporter, Talent, Producer, Photographer, Videographer, etc.)

1. _____
2. _____
3. _____

DAY(S) PLANNING TO ATTEND

FRIDAY MORNING MEDIA PREVIEW, JULY 28 _____
FRIDAY, JULY 28 _____
SATURDAY, JULY 29 _____
SUNDAY, JULY 30 _____

Please indicate a shipping address if different than above. Credentials will be mailed up to July 21.

RETURN APPLICATION TO:

**2017 MEDIA CREDENTIAL APPLICATION
QUICKCHEK NEW JERSEY FESTIVAL OF BALLOONING
363 ROUTE 46 WEST – SUITE 200
FAIRFIELD, NJ 07004
FAX: 973-882-7961
PHONE: 201-797-2448 EMAIL: russ@menschr.com**

*Credentials are issued only to those members of the media who are on specific assignment to cover the Festival.
Please include a letter of assignment on letterhead from assignment editor or producer with completed application.
This form is not a guarantee that you will receive any or all of the credentials you request.
Images taken are to be used solely for editorial purposes.*