



2010 QUICK CHEK NEW JERSEY FESTIVAL OF BALLOONING MEDIA CREDENTIAL APPLICATION

AFFILIATION _____

EDITOR/PRODUCER _____

ADDRESS _____

CITY/STATE/ZIP _____

PHONE _____

EMAIL ADDRESS _____

NAME

LIST MEDIA CATEGORY BELOW

PRINT (Editor, Reporter, Photographer)
TELEVISION (Talent, Photographer, Producer)

1. _____

2. _____

3. _____

4. _____

5. _____

DAY(S) PLANNING TO ATTEND

FRIDAY MORNING MEDIA PREVIEW, JULY 23 _____

FRIDAY, JULY 23 _____

SATURDAY, JULY 24 _____

SUNDAY, JULY 25 _____

Please indicate a shipping address if different than above. Credentials will be mailed up to July 16.

RETURN APPLICATION TO:

**2010 MEDIA CREDENTIAL APPLICATION
QUICK CHEK NEW JERSEY FESTIVAL OF BALLOONING
363 ROUTE 46 WEST – SUITE 200
FAIRFIELD, NJ 07004
PHONE: 973-882-5464 FAX: 973-882-7961
EMAIL: menschandcompany@aol.com**

*Credentials 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 editor or producer with completed application.*