

Tennessee Secondary School Athletic Association

State Girls' Volleyball Media Credential Request Form

This form must be in our office no later than 12:00 PM CT, Monday, October 25th.
(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 Tournament

_____ Class 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