

# CLAY COUNTY FAIR MEDIA CREDENTIALS

## REQUEST FOR CREDENTIALS: BADGE OPTION A

This form is only for media who will cover **ALL NINE DAYS** of the Fair.

Please type or print and submit this form by **August 15**:

Clay County Fair Media Credentials

PO Box 527

Spencer, IA 51301

or email: [media@claycountyfair.com](mailto:media@claycountyfair.com)

The Clay County Fair will issue Media Credentials and Station/Publication Parking Pass(es) available for pickup on August 23 during Media Day or at Gate A beginning Saturday, September 7. Badges will NOT be available for pick-up at the Clay County Fair Administrative Offices unless previous arrangements have been made.

Name of Station/Publication \_\_\_\_\_

Address \_\_\_\_\_

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

Phone \_\_\_\_\_ Email \_\_\_\_\_

Please print names/positions of working media representatives requesting full admission:

**NAME**

**POSITION**

NAME	POSITION
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

PRINTED NAME OF REQUESTING OFFICIAL: \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Contact Marketing Office at 712-580-3000 with any questions

# CLAY COUNTY FAIR MEDIA CREDENTIALS

## REQUEST FOR CREDENTIALS: BADGE OPTION B

This form is only for media who will cover **LESS THAN NINE DAYS** of the Fair.

Please type or print and submit this form by **August 15**:

Clay County Fair Media Credentials

PO Box 527

Spencer, IA 51301

or email: [media@claycountyfair.com](mailto:media@claycountyfair.com)

The Clay County Fair will issue Media Credentials and Station/Publication Parking Pass(es) available for pickup on August 23 during Media Day or at Gate A beginning Saturday, September 7. Badges will NOT be available for pick-up at the Clay County Fair Administrative Offices unless previous arrangements have been made.

Name of Station/Publication \_\_\_\_\_

Address \_\_\_\_\_

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

Phone \_\_\_\_\_ Email \_\_\_\_\_

Please print names/positions of working media representatives requesting full admission:

NAME	POSITION	DATES ATTENDING
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

PRINTED NAME OF REQUESTING OFFICIAL: \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Contact Marketing Office at 712-580-3000 with any questions