

2017

First Annual Bull City Jazz Festival

Media Credentials

Every member of a media team must submit a completed form. This form allows you to request media credentials and parking passes for coverage of the First Annual Bull City Jazz Festival. Please complete one (1) form for yourself and one form for each person working with you. Scan and send a PDF file to bmonds@bullcityjazzfestival.com. You will receive a response via email. If approved, you will receive instructions on when and where to pick up your credentials. Photographers **MUST** complete the second page of this form.



First Name		Last Name	
POSITION/TITLE			
PHONE			
Email			
Media Type Check the box that Fits you.	Radio <input type="checkbox"/> Television <input type="checkbox"/> News Paper <input type="checkbox"/> Magazine <input type="checkbox"/> On-line media <input type="checkbox"/> On-line Publication <input type="checkbox"/> Blog <input type="checkbox"/> Photographer (Please complete the second form) <input type="checkbox"/>		
Company			
Comments			

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As a photographer, you agree to share all photos taken of the First Annual Bull City Jazz Festival with One Community, One Voice, One Vision, Inc., a 501(c)(3) non-profit organization. You will be credited in any reproduction of photos. The Photographer hereby grants permission to One Community, One Voice, One Vision, Inc. and his/her/their Photo Laboratory of choice to make reproductions of the Work in any size or quantity for use by designated representatives of the One Community, One Voice, One Vision, Inc. Photographer are not permitted to sale photographs with any likeness of the First Annual Bull City Jazz Festival. The Photographer can share photographs on their website, social media and on any promotion items that are used to promote their business.



Photographer's Name: _____

Telephone: _____ **Email:** _____

List Name(s) and Telephone Number(s) of Your Assistant(s)

Name: _____ **Telephone:** _____

Name: _____ **Telephone:** _____

Name: _____ **Telephone:** _____

Print Name: _____

Signature: _____ **Date:** _____