

**2008 NJCAA Division I Women's Softball National Championship  
Request for Media Accreditation**



*(please type or print; your response in English is appreciated)*

Last Name: \_\_\_\_\_ First name: \_\_\_\_\_

Title/Position: \_\_\_\_\_

Name of Organization: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Country: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Work telephone: ( ) \_\_\_\_\_ Cell or home telephone: ( ) \_\_\_\_\_

Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Parent or Associated Media Company (if applicable):  
\_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Type of Media:

- |                                     |                                      |
|-------------------------------------|--------------------------------------|
| <input type="checkbox"/> Television | <input type="checkbox"/> Newspaper   |
| <input type="checkbox"/> Radio      | <input type="checkbox"/> Magazine    |
| <input type="checkbox"/> Internet   | <input type="checkbox"/> Other _____ |

Accreditation Request:

- |                    |                       |
|--------------------|-----------------------|
| Journalist _____   | Camera (TV) _____     |
| Photographer _____ | Other (specify) _____ |

When do you require accreditation for? \_\_\_\_\_

- Attending throughout championship May 15-17  
 Attending only on the following date(s) (please list): \_\_\_\_\_

Does your accreditation require a seat in the press box? Yes  No

Special needs (if any): \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature & e-mail address of Editor/News Director

Kindly return your application by no later than May 9, 2008 to:  
Bruce R. Wawrzyniak, Director of Communications  
International Softball Federation (ISF)  
1900 So. Park Road  
Plant City, FL 33563 USA  
Fax: (813) 864-0105 E-mail: brucew@internationalsoftball.com

**AIPS MEMBERS:**  
Please provide card #  
\_\_\_\_\_