**WVSSAC State Tournament**

**Media Credential Request**

(Only 2 representatives from one organization unless approved by WVSSAC office)

First Name:

Last Name:

Representing:

Type of Outlet:Choose an item.

Event Covering: Choose an item.

If Super Six is selected from above, which class will you be covering? Choose an item.

Contact Heather Enoch at [heather.enoch@wvssac.org](mailto:heather.enoch@wvssac.org)