

# AGE OF CHIVALRY Media Request Form

Name: \_\_\_\_\_

Publication/Media Outlet: \_\_\_\_\_

Ph: \_\_\_\_\_

Fx: \_\_\_\_\_

Email: \_\_\_\_\_

Website (if applicable): \_\_\_\_\_

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

**Request** (include # of credentials/review tickets you are requesting, will you need a photo/camera pass, Also please be specific about which artist(s)/performer(s) you'd like to speak with):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Deadline:**        **Wednesday, Oct 11, 2017 at 5 p.m.**

**Availability** *(if requesting a phone interview, please state times you are available):*  
\_\_\_\_\_



PLEASE FAX BACK TO 702-696-1996