



PRESQUE ISLE, MAINE, USA MEDIA ACCREDITATION REGISTRATION



Name: First _____ Last _____

Date of Birth: Month _____ Day _____ Year _____

Driver's License Number: _____

Address: _____ City, State, Zip: _____

Telephone: Cell _____ Email: _____

Employer: _____

Address: _____ City, State, Zip: _____

Position: (circle) Journalist-Photographer-Editor-Camera-Reporter-Other
Specify: _____

Drone: (circle) yes/no FAA Remote Pilot Certificate No. _____

Date: _____ Signature: _____

Please return form by March 28, 2019

Contact: Mark Shea, Event Manager
 207-498-9952
 mshea@pinelandfarms.org

