## **Sports Media Rights Request Form**

| Organization Name                 |   |
|-----------------------------------|---|
|                                   |   |
| Contact Person                    |   |
|                                   |   |
| Email Address                     |   |
|                                   |   |
| Phone Number                      |   |
|                                   |   |
| Event Name                        |   |
|                                   |   |
| Event Date(s)                     |   |
|                                   |   |
| Requested Media Rights            |   |
|                                   | • |
| Intended Distribution Platform(s) |   |
|                                   |   |
| Coverage Details                  |   |
|                                   |   |
|                                   |   |
| Additional Information            |   |
|                                   |   |
|                                   |   |