WALA Badger Girls State
Local Media Information

Please list as much information as possible, feel free to include additional sources.

Delegate Name _____
Last First

Daily Newspaper
Name: _____
Address**:** _____
_____
Phone: _____
News Fax:_____
Contact: _____
E-mail: _____

Weekly Newspaper
Name: _____
Address:_____
_____
Phone: _____
News fax:_____
Contact: _____
E-mail: _____

Daily Newspaper
Name: _____
Address**:** _____
_____
Phone: _____
News Fax:_____
Contact: _____
E-mail: _____

Television (ABC, CBS, FOX, NBC)
Name: _____
Address:_____
_____
Phone: _____
News fax:_____
Contact: _____
E-mail: _____

AM/FM News Radio Station
Name: _____
Address**:** _____
_____
Phone: _____
News Fax:_____
Contact: _____
E-mail: _____

Television (Local Programming)
Name: _____
Address:_____
_____
Phone: _____
News fax:_____
Contact: _____
E-mail: _____

Parent or Guardian Media Permission

I hereby give the American Legion Auxiliary permission to use my daughters name and picture(s) individual and/or in groups, in news releases for radio, newspaper, television, and/or on the Badger Girls State web site.

_____
Signature of Parent/Guardian of Badger Girls State delegate

_____
Date

Parent/Guardian must sign and turn in at Registration on Sunday, June 19th