



Iowa Dairy Princess Program Media Information Request & Release

Name of Parent(s)		
Hometown/State		
Name of Local Newspaper or Radio Stat	ion	
Address		
City	State	Zip
Email address		
Optional 2 nd Media Outlet		
Name of Newspaper or Radio Station		
Address		
City	State	Zip
Email address		
Additional contacts can be listed on ba	ck side of form.	
I give Midwest Dairy permission to subn publications concerning my involvement		
	Printed Name	
	Signature	
	Dato	