



MEDIA ACCREDITATION FORM

FAMILY NAME:

(MR/MRS)

FIRST NAME:

NATIONALITY:

SEX (M/F):

JOB TITLE:

MEDIA ORGANISATION:

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PASSPORT NO:

PROFESSIONAL CARD NO:

Duties to be performed in the Championships (please specify)

JOURNALIST	VIDEO CAMERA PERSON	PHOTOGRAPHIC CAMERA PERSON	TECHNICIAN	OTHER Please specify

CONTACT ADDRESS:

TELEPHONES:

FAX:

EMAIL:

TIME AND DATE OF ARRIVAL:

DATE AND SIGNATURE OF APPLICANT:

FOR OFFICE USE ONLY

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