



# MEDIA ACCREDITATION FORM

FAMILY NAME: .....

(MR/MRS)

FIRST NAME: .....

NATIONALITY: .....

SEX (M/F): .....

JOB TITLE: .....

MEDIA ORGANISATION: .....

.....

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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