



MEDIA ACCREDITATION FORM

PLEASE WRITE IN BLOCK CAPITALS AND LEGIBLY ON ALL ITEMS. INCOMPLETE REQUESTS AND / OR ILLEGIBLE WILL NOT BE CONSIDERED

SURNAME _____

NAME _____

Address _____

ZIP - City _____

Tel. _____ Fax _____

Mobile _____ E-mail _____

Press Card n° _____

AIPS Card n° _____

Other Card n° _____

JOURNAL - COMPANY _____

Address _____

ZIP - City _____

Tel. _____ Fax _____

E-mail _____

Internet Site _____

FREE LANCE:

Contributor of _____

Press Card n° _____

JOURNALIST TV/VIDEO MAKER

PRESS RELATION OFFICER RADIO MAKER

PHOTOGRAPHER TEAM MANAGER

(please sign your case)

Would You like insert your name in our mailing list?

YES NO

Emergency contact: _____

Telephone number _____

1 - MEDIA ACCREDITATION RULES

The acceptance of the accreditation request is subject to approval of the organisers of every single event. Every request will be checked for compliance with the conditions needed to issue the accreditation and, where needed, subject to the supervision of the relevant Sports Federation.

Journalists, photographers and cameramen must produce the original accreditation request sent by a written or electronic press media, registered in their country's office/register.

For organisation and safety purposes every media may request a maximum of 2 journalists and 2 photographers, agencies and/or photo or video companies a maximum of 4 people. Any other request will not be taken into account, except in those cases deemed as acceptable by the press office.

FOR ACCEPTANCE, _____

2- DECLARATION OF RESPONSIBILITY

The undersigned declares that he/she is fully aware of the risks associated with the motor sport events and with watching them along the race course. He/She also declares to have the necessary experience and professional background to safely attend the event and he/she undertakes exercising all necessary cautions to prevent any damages to persons or properties; to obey the safety orders given by the Race Marshals and by the Policemen; to assume all responsibilities for personal injuries arising as a result of imprudence or lack of skill and to exempt from whichever civil or penal liability the Organizing Committee, the Clerk of the Course and all other persons, Institutions or Associations from any and all responsibilities regarding the above.

FOR ACCEPTANCE, _____

3 -PERSONAL DATA TREATMENT *(information according to Italian Law d.Lgs 30/06/2003 n. 196 art. 13)*

We hereby inform that the personal data provided will be used exclusively for scopes of archive and management of the press office activities of the events, in full respect of the person's rights as per art. 13 of the aforementioned law.

FOR ACCEPTANCE, _____

SEND TO :

A.S.D. Scuderia Friuli ACU
 Viale Palmanova, 216 - 33100 Udine, Italy
 Telefono: +39 0432 603138, Fax: +39 0432 524473, E-Mail: info@scuderiafriuli.com

PLACE - DATE: _____ LEGIBLE SIGNATURE: _____