

NATIONAL MEDIA PASS APPLICATION FORM

Dear Applicant,

To assure proper processing of your request, please be sure to fill in the whole form (below), attach a letter of referral from the media's editor in chief and samples of press material featuring the FIM Sidecar Motocross World Championship events (pdf format is preferred). **Applications MUST be received by no later than 2 weeks before the event at the contacts of the local organizer's press coordinator.**

LAST MINUTE REQUESTS WILL NOT BE CONSIDERED !

A press accreditation for the event may be granted to a persons who:

- working for an motorsport magazine.
- working for a nationally operating motorsport-oriented website.
- working for a national newspaper/broadcaster.
- working for a regional newspaper/broadcaster.
- photographers working in a media-oriented manner.

A written confirmation from the client must be submitted upon request.

Press access is not intended for:

- persons who only work on behalf of teams.
- people who only take photos for their own use or their own (sales) website.
- persons who do not have a media provider.

Furthermore, please note the following points:

- The Media Pass will be released at the Organizer's discretion. Approbations will be notified via e-mail.
- The validity of the Media Pass is for the single event written on the pass.
- Holder of the Media Pass must be 18 years minimum age.
- The Media Pass **does not carry the right to film without WSC's authorisation**. For more details contact Mr. Rien Willems, WSC Press Officer, to rien@fimsidecarcross.com
- The holder of the Media Pass agrees to abide by the rules, conditions and limitations imposed by WSC, FIM and Organiser to ensure the proper and safe running of the event.
- The designated holder of the Media Pass waives all rights and titles to any legal claim arising from any accident or damage caused in conjunction with their presence at the event.
- WSC is the owner of the Media Pass, and have the right to withdraw it at any time without previous notice.
- The use of the Media Pass is governed by the pass conditions boards displayed at the various entrances to the track area. To enter the track, the designated holder must wear a WSC bib.
- The Media Pass must be presented in conjunction with valid identification papers upon request.
- The granting of the Media Pass does not exempt the bearer from local laws and regulations.
- Holders of the Media pass will have to **send the material published on the Grand Prix where they have been accredited** (pdf format is preferred) to Mr. Rien Willems, WSC Press Officer, to rien@fimsidecarcross.com
- Holders of the Media pass who have also been accredited to film will have to **send the material produced in the Grand Prix where they have been accredited** in a video format readable on Mac and pc to Mr. Rien Willems, WSC Press Officer, to rien@fimsidecarcross.com
- **Social Media Video:** For any edited videos and LIVE coverage on ALL social platforms you need to refer to Martin Bena except for Instagram and Facebook videos' stories that are allowed tagging @WSC. For more info contact Rien Willems.
- **The Media Pass can only be used by the designated holder who acknowledges and accepts the above conditions, and commits himself/herself to comply strictly with them.**

We thank you in advance for your cooperation and understanding. Our goal is to issue Media Passes to professionals only. This way we can ensure a professional working environment, and avoid any kind of abuse.

Best regards,
WSC Press Department

EVENT/VENUE: Lommel **COUNTRY:** Belgium

1. MEDIA

MEDIA NAME: _____ **COUNTRY:** _____

ADDRESS: **STREET:** _____

CITY: _____ **POST CODE:** _____ **COUNTRY:** _____

PHONE: + _____ **FAX:** + _____
(with area code) (with area code)

E-MAIL: _____ **WEB:** _____

PUBLICATION: NEWSPAPER MAGAZINE RADIO NEWS AGENCY PHOTO AGENCY

WEBSITE ONLINE MAGAZINE TV PROGRAM TV STATION OTHER

TYPE: GENERAL SPORTS MOTORSPORTS BIKES OTHER _____

COVERAGE: INTERNATIONAL NATIONAL REGIONAL LOCAL
(selling area)

FREQUENCY: DAILY WEEKLY BI-WEEKLY MONTHLY OTHER _____

CIRCULATION: **ISSUES PER YEAR:** _____ **READERS PER YEAR:** _____

EDITOR IN CHIEF **FULL NAME:** _____ **EMAIL:** _____ **PHONE (with area code)** + _____

PUBLISHING GROUP **NAME:** _____ **WEBSITE:** _____

2. JOURNALIST

NAME: _____ **SURNAME:** _____

CATEGORY: JOURNALIST PHOTOGRAPHER JOU/PH RADIO REPORTER RADIO TECHNICIAN

CAMERAMAN TV TECHNICIAN OTHER _____

BIRTH DATE:

DAY	MONTH	YEAR
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NATIONALITY: _____

ADDRESS: **STREET:** _____

CITY: _____ **POST CODE:** _____ **COUNTRY:** _____

PHONE: + _____ **MOBILE:** + _____
(with area code) (with area code)

FAX: + _____ **E-MAIL:** _____
(with area code)

PREFERRED MAILING ADDRESS: PROFESSIONAL PERSONAL

3. ADDITIONAL INFORMATIONS FOR AGENCIES AND FREELANCE JOURNALISTS

Publications supplied with text/photos/videos. Specify: name, type, coverage, frequency, circulation, editor in chief, publishing group HERE

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