

Media Accreditation Application Form

Personal Details

NAME (Please Print) Mr / Ms GIVEN NAME(S) FAMILY NAME _____
POSTAL ADDRESS (Please Print) _____
CITY/TOWN COUNTRY Date of Birth _____
TELEPHONE: MOBILE: _____
FACSIMILE: E-MAIL: _____
INTENDED ROLE JOURNALIST PHOTOGRAPHER OTHER FIA PASS NUMBER: _____
PREFERRED CONTACT METHOD E-MAIL MOBILE FACSIMILE TELEPHONE OTHER _____
PREVIOUS EVENT COVERAGE (Please refer to WRC, APRC and JRC events)

2013	2012	2011
_____	_____	_____
_____	_____	_____
_____	_____	_____

Professional Details

PUBLICATION(S) NAME OF ORGANISATION _____
POSTAL ADDRESS (Please Print) COUNTRY _____
EDITOR (Please Print) Mr / Ms GIVEN NAME(S) FAMILY NAME _____
TELEPHONE: FACSIMILE: _____
E-MAIL WEBSITE _____
FIELD Motor Sports Automotive Newspaper International Agency Other _____
FREQUENCY Daily Weekly Monthly Other _____

DISCLAIMER

At my participation for covering RALLY HOKKAIDO, I will comply with all directions of the Organisers of RALLY HOKKAIDO in relation to the event. I acknowledge that neither the FIA, JAF, nor the Organisers or anyone else involved in the event including competitors shall be liable for my death, any bodily injury, or any other incident occurring to my company or companions, regardless of the fact that such incident may have occurred as a result of a mistake by the organisers or other authorised officials. I will accept complete liability for any incident deemed to be caused by my own actions. I accept the inherent dangers of motorsport, pledge to exercise due care and attention, and choose to attend this event at my own risk. I declare that I am twenty years old or over.

DATED THIS _____ DAY OF _____ 2014

NAME _____
(SIGNATURE)

CLOSING DATE FOR APPLICATIONS
11 September 2014

RALLY HOKKAIDO Secretariat
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