



## MEDIA ACCREDITATION FORM

11<sup>th</sup> WBPF European Sports  
Championships  
TURIN / ITALY  
June 19th -21st, 2020



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FAMILYNAME: .....  
(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

BADGE NO.

.....

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**NB: Applications should reach us by May 29th 2020.**

The application form and the photographs shall be scanned and send by e-mail or by mail or submitted by hand (sending photographs by fax is unacceptable) to WBPF Italia and EBPF.  
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Signature