

 		For Moto Club Sardegna only	
		Foto (2)	n° Dossier
		Rooming List	
		Ricevuto il	
Note			

ACCREDIT PRESS

PLEASE USE BLOCK CAPITALS

Family name		Name		
Address	N°	Post Code	City	State
Country	Nationality		Blood Group	
Date and place of birth		Sex	M F	Tel. N° (private)
Tel. N° (office)	Mobile		Fax	
E-mail	Journalists Card			

TYPE OF PRESS

Sector press	Radio
National press	Daily newspaper
International press	Weekly
Television	Monthly magazine
Fotographer	Free lance
Other (to specify)	

NEWSPAPER

NAME		
Address	Post Code	City
Tel.N° (private)	Fax	
Nationality	e-mail	

IN CASE OF EMERGENCY PLEASE CONTACT

Name	Telephone
-------------	------------------

I declare that the present form is correct. However, I declare to know the regulations of the race and to accept the conditions without reserve. I raise in advance the organizers for any responsibility civil and or penal in case of bodily or material accident.

We express our full consent, in compliance with the provisions of Law 196/ 2003, about disposals for the protective measures of people and other subjects, for what concern the treatment of the personal datas. They could be used for the performance of the contract requested by the law.

DATE: _____, ____/____/____ SIGNATURE _____