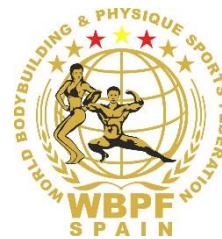


MEDIA ACCREDITATION FORM
8th WBPF European Championships
COSTA ADEJE / TENERIFE / SPAIN
26th-28th of May, 2017



FAMILY NAME:

(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.

.....
.....

NB: Applications should reach us by 28th of April, 2017.

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 in unacceptable) to WBPF Spain and EBPF e-mail address.

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Signature