

IBSF BMW WORLD CUP Bob + Skeleton  
Sigulda 2020/2021, 16.11. – 29.11.

2020/2021 ONE EVENT NATIONAL MEDIA PASS APPLICATION FORM

Aizpildīta akreditācijas forma jāsūta uz linda.petersons-raga@inbox.lv līdz 16.novembrim

## 1. MEDIA

MEDIA NAME:	_____	COUNTRY:	_____		
ADDRESS:	STREET: _____				
	CITY: _____	POST CODE: _____	COUNTRY: _____		
PHONE:	+ _____ (with area code)				
E-MAIL:	_____	WEB:	_____		
PUBLICATION:	<input type="checkbox"/> NEWSPAPER	<input type="checkbox"/> MAGAZINE	<input type="checkbox"/> RADIO	<input type="checkbox"/> NEWS AGENCY	<input type="checkbox"/> PHOTO AGENCY
	<input type="checkbox"/> WEBSITE	<input type="checkbox"/> ONLINE MAGAZINE	<input type="checkbox"/> Other		
TYPE:	<input type="checkbox"/> GENERAL	<input type="checkbox"/> SPORTS	<input type="checkbox"/> _____		
COVERAGE: (selling area)	<input type="checkbox"/> INTERNATIONAL	<input type="checkbox"/> NATIONAL	<input type="checkbox"/> REGIONAL	<input type="checkbox"/> LOCAL	

CIRCULATION:	ISSUES PER YEAR:	READERS PER YEAR:
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EDITOR IN CHIEF	FULL NAME:	EMAIL	PHONE (with area code) +
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PUBLISHING GROUP	NAME	WEBSITE
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## 2. JOURNALIST

NAME:	_____	SURNAME:	_____			
CATEGORY:	<input type="checkbox"/> JOURNALIST	<input type="checkbox"/> PHOTOGRAPHER	<input type="checkbox"/> JOURNALIST/PHOTOGRAPHER	<input type="checkbox"/> RADIO REPORTER	<input type="checkbox"/> RADIO TECHNICIAN	
	OTHER _____					
BIRTH DATE:	<table border="1"><tr><td>DAY</td><td>MONTH</td><td>YEAR</td></tr></table>	DAY	MONTH	YEAR	NATIONALITY:	_____
DAY	MONTH	YEAR				
ADDRESS:	STREET: _____					
	CITY: _____	POST CODE: _____	COUNTRY: _____			
PHONE:	+ _____ (with area code)	MOBILE: + _____ (with area code)				
FAX:	+ _____ (with area code)	E-MAIL:	_____			
PREFERRED MAILING ADDRESS:	PROFESSIONAL	PERSONAL	IMPA MEMBER:	YES	NO	

!!! Ar savu parakstu apliecinu, ka esmu iepazinies ar Race Organizer Covid 19 Prevention Guidelines Sigulda/Latvia un ievērošu visus saistošos noteikumus. Atrodams: <https://www.bobslejs.lv/raksts/race-organizer-covid-19-prevention-guidelines-sigulda-latvia>

Datums, paraksts:

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