









## **ACCREDITATION FORM FOR JOURNALISTS**

Surname	Name
Address	Town / City
Telephone	Email
Membership card on the Jour	rnalist Register n.
	Occupation (please cross X)
Journalist	Photographer   Tv operator   Radio speaker
Team Manager	Person in charge of a Team   Anchorman   Sponsor
Newspaper	Address
Town - City	Editor
Web site	Email
	Declaration of responsibility
along the Race course. I also de safety at the Race. I commit my the instructions given from the l due to my own risky and inappr	e damages and accidents occurring during Car Races and while watching and working eclare to have the professional skills and experience necessary to work in complete vself to avoid any possible situation leading to physical or material damages, to follow Marshals and from the Municipal Forces and to take fully responsibility for any damage opriate behavior. Therefore I declare to discharge the Organizing Committee, the Clerk rson, Institution or Association of any civil and criminal liability.
Town - City _	Date
Signa	iture

Send by fax to the number 0461.420266 or by email to the address comunicazione@pegasomedia.it