



2014 ONE EVENT NATIONAL MEDIA PASS APPLICATION FORM

Dear Applicant,

To assure proper processing of your request, please be sure to fill in the whole form (below), attach a letter of referral from the media's editor in chief and samples of press material featuring the FIM World Championship events (pdf format is preferred). **Applications must be received by no later than 2 weeks before the event at the contacts of the local organizer's press coordinator.**

Furthermore, please note the following points:

- The Media Pass will be released at the Organizer's discretion. Approbations will be notified via e-mail.
- The validity of the Media Pass is of the single event written on the pass.
- The Media Pass does not carry the right to film without Youthstream's authorisation. For more details contact Ms Charlotte Apparu, Youthstream's TV General Manager, at c.apparu@youthstream.org.
- The holder of the Media Pass agrees to abide by the rules, conditions and limitations imposed by Youthstream and CMS/FIM to ensure the proper and safe running of the event.
- The designated holder of the Media Pass waives all rights and titles to any legal claim arising from any accident or damage caused in conjunction with their presence at the event.
- Youthstream is the owner of the Media Pass, and have the right to withdraw it at any time without previous notice.
- The use of the Media Pass is governed by the pass conditions boards displayed at the various entrances to the track area. To enter the track, the designated holder must wear a bib or vest.
- The Media Pass must be presented in conjunction with valid identification papers upon request.
- The granting of the Media Pass does not exempt the bearer from local laws and regulations.
- Holders of the Media pass will have to **send the material published on the Grand Prix where they have been accredited** (pdf format is preferred) to Ms Samanta Gelli, Youthstream Media Officer, to media@youthstream.org.
- Holders of the Media pass who have also been accredited to film will have to **send the material produced in the Grand Prix where they have been accredited** in a video format readable on Mac and pc to Ms Charlotte Apparu, Youthstream's TV General Manager, to c.apparu@youthstream.org.
- **The Media Pass can only be used by the designated holder who acknowledges and accepts the above conditions, and commits himself/herself to comply strictly with them.**

We thank you in advance for your cooperation and understanding. Our goal is to issue Media Passes to professionals only. This way we can ensure a professional working environment, and avoid any kind of abuse.

Best regards,

Youthstream Media Department

RETURN TO: YOUTHSTREAM MEDIA OFFICER Ms. Samanta Gelli
Mobile: +33 6 88340024 • E-mail: media@youthstream.org



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1. MEDIA						
MEDIA NAME:	_____			COUNTRY:	_____	
ADDRESS:	STREET: _____					
	CITY:	_____	POST CODE:	_____	COUNTRY:	_____
PHONE:	+	_____	FAX: +	_____		
	(with area code)		(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"/> TV PROGRAM	<input type="checkbox"/> TV STATION	OTHER _____	
TYPE:	<input type="checkbox"/> GENERAL	<input type="checkbox"/> SPORTS	<input type="checkbox"/> MOTORSPORTS	<input type="checkbox"/> BIKES	OTHER _____	
COVERAGE: (selling area)	<input type="checkbox"/> INTERNATIONAL	<input type="checkbox"/> NATIONAL	<input type="checkbox"/> REGIONAL	<input type="checkbox"/> LOCAL		
FREQUENCY:	<input type="checkbox"/> DAILY	<input type="checkbox"/> WEEKLY	<input type="checkbox"/> BI-WEEKLY	<input type="checkbox"/> MONTHLY	OTHER _____	
CIRCULATION:	ISSUES PER YEAR:	_____	READERS PER YEAR:	_____		
EDITOR IN CHIEF	FULL NAME:	_____	EMAIL	_____	PHONE (with area code) +	
PUBLISHING GROUP	NAME	_____	WEBSITE	_____		
2. JOURNALIST						
NAME:	_____			SURNAME:	_____	
CATEGORY:	<input type="checkbox"/> JOURNALIST	<input type="checkbox"/> PHOTOGRAPHER	<input type="checkbox"/> JOU/PH	<input type="checkbox"/> RADIO REPORTER	<input type="checkbox"/> RADIO TECHNICIAN	
	<input type="checkbox"/> CAMERAMAN	<input type="checkbox"/> TV TECHNICIAN	OTHER	_____		
BIRTH DATE:	DAY	MONTH	YEAR	NATIONALITY:	_____	
ADDRESS:	STREET: _____					
	CITY:	_____	POST CODE:	_____	COUNTRY:	_____
PHONE:	+	_____	MOBILE: +	_____		
	(with area code)		(with area code)			
FAX:	+	_____	E-MAIL:	_____		
	(with area code)					
PREFERRED MAILING ADDRESS:	PROFESSIONAL	PERSONAL	IMPA MEMBER:	YES	NO	
3. ADDITIONAL INFORMATIONS FOR AGENCIES AND FREELANCE JOURNALISTS						
Publications supplied with text/photos/videos. Specify: name, type, coverage, frequency, circulation, editor in chief, publishing group HERE						
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