

APPLICATION FOR MEDIA ACCREDITATION

FIRST NAME:

LAST NAME:

COVID-19 STATUS:

VACCINATED
(full course completed)

RECOVERED
(in the past 180 days)

TESTED NEGATIVE
(PCR test)

PHONE NUMBER:

E-MAIL:

PROFESSION JOURNALIST/PHOTOGRAPHER/OTHER (please specify):

PREFERRED ACCESS:

MEDIA CENTRE

PADDOCK

PRE-GRID

TRACK ACCESS

NAME OF MEDIA REPRESENTED:

READERSHIP FIGURES (provide applicable number):

WEBSITE ADDRESS:

WHAT MEDIA COVERAGE WILL YOU PROVIDE:

