



**MSC WIESLAUFTAL
RUDERSBERG**
MOTOCROSS-QUAD-SIDECAR
ENDURO-SUPERMOTO-TRIAL



**Int. 58. Rudersberger ADAC Moto-Cross
08. - 10.Sep. 2017
GP Final Sidecar Motocross / DM Quad / BW Pokal Open**

Dear Applicant,

to assure proper processing of your request, please be sure to fill in the whole form (below) and attach a letter of referral from your company's chief editor and samples of press material featuring the Rudersberg Motocross events (pdf format is preferred). **Applications must be received by no later than 3 days before the event at the contacts of the local organizer or the contact below.**

Furthermore, please note the following points:

- Accreditation-Ribbons will be released at the Organizer's discretion.
- Approbations will be notified via e-mail.
- The holder of the accreditation agrees to abide by the rules, conditions and limitations imposed by the Organizer to ensure the proper and safe running of the event.
- The designated holder of the accreditation waives all rights and titles to any legal claim arising from any accident or damage caused in conjunction with their presence at the event.
- The Organizer MSC Wieslauftal has the right to withdraw the accreditation at any time without previous notice.
- The granting of the accreditation does not exempt the bearer from local laws and regulations.
- The accreditation can only be used by the designated holder who
- acknowledges and accepts the above conditions, and commits itself to comply strictly with them.

Please note that incomplete application forms cannot be considered! We thank you in advance for your cooperation and understanding. Our goal is to issue accreditations to professionals only. This way we can ensure a professional working environment and avoid any kind of abuse.

Best regards,
MSC Ruderberg Press Department

RETURN TO :
MSC Wieslauftal e.V. im ADAC Königsbrunnhof 45; D-73635 Rudersberg
E-mail: office@msc-wieslauftal.com
or **FAX:** +4971833131

1. MEDIA

MEDIA NAME: _____ COUNTRY: _____

ADDRESS: STREET: _____

CITY: _____ POST CODE: _____ COUNTRY: _____

PHONE: + _____ (with area code) FAX: + _____ (with area code)

E-MAIL: _____ WEB: _____

PUBLICATION: NEWSPAPER MAGAZINE RADIO/ TV
 NEWS AGENCY PHOTO AGENCY OTHER _____

TYPE: GENERAL SPORTS MOTORSPORTS BIKES OTHER _____

COVERAGE: INTERNATIONAL NATIONAL REGIONAL LOCAL
(selling area)

FREQUENCY: DAILY WEEKLY BI-WEEKLY MONTHLY OTHER _____

CIRCULATION: ISSUES PER YEAR: _____ READERS PER YEAR: _____

2. JOURNALIST

NAME: _____ SURNAME: _____

CATEGORY: JOURNALIST PHOTOGRAPHER JOU/PH RADIO/ TV-REPORTER TV-CREW

BIRTH DATE:

DAY	MONTH	YEAR
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 NATIONALITY: _____

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

3. ADDITIONAL INFORMATIONS FOR AGENCIES AND FREELANCE JOURNALISTS

Publications supplied with text/photos. Specify: name, type, coverage, frequency and circulation

4. TO BE RETURNED BY NO LATER THAN 7 DAYS BEFORE THE EVENT, TOGETHER WITH:

- LETTER FROM THE CHIEF EDITOR ONE ORIGINAL COPY OF THE PUBLICATION AND COPY OF OFFICIAL PRESS CARD (I.E. FIM, ISPA, DJV, VERDI, BDZ)
- PRESS CLIPPING (FOR PHOTOGRAPHERS)