

FINAL ENTRY FORM Capri-Napoli (ITA) World Challenge Sunday 6th September 2020



MEDIA ACCREDITATION FORM TO BE SENT TO: info@caprinapoli.com

MEDIA							
PERSONAL INFORMATION							
Country:				Sex: Male [] Female []			
Name:				First Name:			
Address:				Zip code:			
City:			Province/State:				
Date of birth:			Place of birth:				
Nationality:							
T-shirt size:			Passport number:				
Place of issue:			Date of issue:				
Telephone:			E-mail:				
PROFESSIONAL INFORMATION							
Media name:				Position:			
Country:							
City:			Province/State:				
Telephone:			E-mail:				
TYPE OF MEDIA							
[] Daily newspaper		[] Sport news		spaper	[] Spo	ort magazine	
[] Press Agency [] Pho		to Agency [] ra		[]rad	adio		
[] TV [] Other			er (specify):				
FUNCTION							
[] Press journalist	[] Internet journa		alist	[] TV commentator		[]Radio commentator	
[] Technical staff TV	[]Tec	hn. staff r	adio	[] Other (specify):			
Date & Signature of applicant:							
Stamp of Media Organization:							