



MEDIA PASS APPLICATION FORM FOR THE TREFLE LOZERIEN AMV 2021



First Name	
Last Name	
DATE OF BIRTH	
POSTAL ADDRESS	
COUNTRY	
PHONE NUMBER	
EMAIL	
MEDIA NAME	
MEDIA TYPE	
MEDIA ADDRESS	
MEDIA WEBSITE	
OTHER (Please specify)	
If you are a free lance photographer, do you sell photos and who do you intend to sell them to ?	

I certify that I will respect the guidelines of the MCL and have a Professional insurance.

Date :

Signature :

Please, send your Media pass application to chris@moto-lozere.com