**MEDIA PASS APPLICATION FORM FOR THE TREFLE LOZERIEN AMV 2022**

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| --- | --- |
| 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