



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



## **51. Rudersberger Motocross WM Seitenwagen / EM Quad**

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

73635 Rudersberg

● E-mail: [a.gueldenfuss.mx@googlemail.com](mailto:a.gueldenfuss.mx@googlemail.com)

## 1. MEDIA

MEDIA NAME: \_\_\_\_\_ COUNTRY: \_\_\_\_\_

ADDRESS: STREET: \_\_\_\_\_

CITY: \_\_\_\_\_ POST CODE: \_\_\_\_\_ COUNTRY: \_\_\_\_\_

PHONE: + \_\_\_\_\_ FAX: + \_\_\_\_\_  
(with area code) (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
-----	-------	------

 NATIONALITY: \_\_\_\_\_

ADDRESS: STREET: \_\_\_\_\_

CITY: \_\_\_\_\_ POST CODE: \_\_\_\_\_ COUNTRY: \_\_\_\_\_

PHONE: + \_\_\_\_\_ MOBILE: + \_\_\_\_\_  
(with area code) (with area code)

FAX: + \_\_\_\_\_ E-MAIL: \_\_\_\_\_  
(with area code)

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 3 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)