



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



52. Rudersberger Motocross WM Seitenwagen / EM Quad / BW Pokal

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

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
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 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)