



MEDIA ACCREDITATION

APPLICANT INFORMATION					
Name				Photo Attached	
Address					
		Postcode		I am Over 18	
Mobile No			Email		
DBS Ref			Exp Date		
Applying As	Company Employee		Self Employed Freelancer		
	Company Name				

Company Employee – Please Complete the Following			
Employers Name			Postcode
Payroll Reference			
Employers Liability Ins	Copy document to accompany application		

Self Employed Freelancer – Please Complete the Following			
UTR or VAT Number			Trading Postcode
Public Liability	Copy document to accompany application		5 Million

PUBLICATION OUTLET							
Newspaper		Magazine		Photo Agency		News Agency	
You Tube		Online		Facebook		Twitter	
Manufacturer		Rider Profile		Teams		Sponsor	
Other (Please State)							

COVERAGE							
International		National		Regional		Local	

Disclaimer			
By completing the application, I confirm I have read and agree to the information and terms set out in the media accreditation pack and I have attached all documents relating to my application			
Signed			Dated

RHL INTERNAL USE ONLY			
Application Received			Documentation Verified
Pass Authorised			
Pass ID Reference			Pass Printed/Issued Date

