



INTERNATIONAL LUGE FEDERATION

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APPLICATION FOR MEDIA-ACCREDITATION

Last name		First name/s			
Gender		Date of birth		Nationality	
<input type="checkbox"/> male <input type="checkbox"/> female					
Identity card number		AIPS number			
Permanent address					
Phone		Cellphone			
Fax		email			
working for					
Address of newspaper / magazin / radio station / tv station / photo agency					
working as					
<input type="checkbox"/> Journalist <input type="checkbox"/> Editor <input type="checkbox"/> Reporter <input type="checkbox"/> Photographer <input type="checkbox"/> Camera Team					
<input type="checkbox"/> Technician <input type="checkbox"/> Agency <input type="checkbox"/> Internet <input type="checkbox"/> other function					
I admit that my personal data is used for competitions of the FIL					
<input type="checkbox"/> yes <input type="checkbox"/> no					
Date		Signatur			

Please don't fill in the grey area

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