



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	
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

F. Nr.	Akk. Nr.	eingegeben	abgeschickt am

