



Media Credentials Form

Media support:

- | | |
|--|---|
| <input type="checkbox"/> Writing Press | <input type="checkbox"/> UCI world Cup Women Team Time Trial 30/7 |
| <input type="checkbox"/> Online Press | <input type="checkbox"/> UCI world Cup Women Road Race 1/8 |
| <input type="checkbox"/> Radio | <input type="checkbox"/> Velofondo Vårgårda 31/7 |
| <input type="checkbox"/> Television | |

Last name

First name

Press organization

Postal Address

Postal Code/City

Country

Mobile E-mail

Additional accreditations requested: I will need credentials for the following associates. (the list of the names below):

1. Name/function
2. Name/function
3. Name/function

Your needs:

- Press car Motorcycle Hotel

Other

Arrival date /time Departure date/time

Fill in this document and mail it to: info@worldcupvargarda.se