

Media Pass 2014 Application Form

	ULLY in BLOCK CAPITALS	
DETAILS		
Title:	First Name:	Last Name:
Date of Birth:		Previous Pass No:
Address:		
Postcode:		
Telephone:		Mobile:
e-mail:		
Name of publicat	ion / media company:	
Please enclose or	ne of the following:	
 Copies of 	f three press articles that you have had publ	ished in the last 12 months
A letter	of provenance from the publication / media	company that you are working for this year
Please also enclo	se a copy of your public liability insurance ce	rtificate with indemnity of a minimum of £5,000,000.
Signature:		Date:
Please enclose tw	o recent passport sized photographs (29m	nm x 39mm) of yourself with this application and return to:

Anglesey Circuit, Media Pass Applications, Ty Croes, Anglesey, LL63 5TF

N.B. Allow 28 days for your request to be processed. Applications by e-mail will not be accepted.

OFFICE USE ONLY	PHOTOGRAPHS x 2
Date Received:	
Mail Opt Out: Yes / No	
D/B:	
Pass No:	
Date Pass Issued:	
Issued By:	