

**Media Credentials Form 2016**

**Media support:**

- |  |  |
|--|--|
| <input type="checkbox"/> Writing Press | <input type="checkbox"/> Crescent Vårgårda UCI Women's Worldtour Team Time Trial 19/8    |
| <input type="checkbox"/> Online Press  | <input type="checkbox"/> Crescent Vårgårda UCI Women's Worldtour Vårgårda Road Race 21/8 |
| <input type="checkbox"/> Radio         | <input type="checkbox"/> Velofondo Vårgårda 20/8   |
| <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@vargardacycling.se](mailto:info@vargardacycling.se)