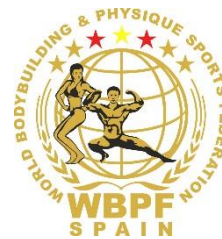


**MEDIA ACCREDITATION FORM**  
8<sup>th</sup> WBPF European Championships  
COSTA ADEJE / TENERIFE / SPAIN  
26<sup>th</sup>-28<sup>th</sup> of May, 2017



FAMILY NAME: .....

(MR/MRS)

FIRST NAME: .....

NATIONALITY: .....

SEX (M/F): .....

JOB TITLE: .....

MEDIA ORGANISATION: .....

.....

PASSPORT NO: .....

PROFESSIONAL CARD NO: .....

Duties to be performed in the Championships (please specify)

JOURNALIST	VIDEO CAMERA PERSON	PHOTOGRAPHIC CAMERA PERSON	TECHNICIAN	OTHER Please specify

CONTACT ADDRESS: .....

TELEPHONES: .....

FAX : .....

EMAIL: .....

TIME AND DATE OF ARRIVAL: .....

DATE AND SIGNATURE OF APPLICANT: .....

FOR OFFICE USE ONLY

BADGE NO.

.....  
.....

**NB: Applications should reach us by 28<sup>th</sup> of April, 2017.**

The application form and the photographs shall be scanned and send by e-mail or by mail or submitted by hand (sending photographs by fax in unacceptable) to WBPF Spain and EBPF e-mail address.

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.....  
Signature