



SANDOWN GT CLASSIC

## MEDIA ACCREDITATION FORM

**SANDOWN GT CLASSIC Featuring Shannons Nationals Round 10**  
**December 7-9, 2007**

SURNAME: \_\_\_\_\_ GIVEN NAME: \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_

TELEPHONE: Bus: \_\_\_\_\_ Mobile \_\_\_\_\_ Email \_\_\_\_\_

Name of Principle Publication/Station/Organisation you represent: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

EMAIL: \_\_\_\_\_

Editor/Chief of Staff Name: \_\_\_\_\_ Signature: \_\_\_\_\_

### MEDIA DETAILS:

Journalist \_\_\_\_\_ PR Representative \_\_\_\_\_ Photographer \_\_\_\_\_

**THIS SECTION MUST BE FULLY COMPLETED**

What post event publicity will you be providing after the event? \_\_\_\_\_

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I acknowledge and agree as a condition of this Accreditation to release Eventertainment Pty Ltd, or CAMS Ltd., or the Sponsors Organisation or Land Owners or Lessees or Organisers of the event, or their respective servants, of any rights I may have arising under the Trade Practices Act 1974. I acknowledge that motor racing is dangerous and accidents can happen. I also acknowledge that I have been warned that there is the possibility of an accident causing injury, death or property damage.

I am over the age of 18 years.

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_

**All completed forms must be faxed to (03) 9387 2111 at least 7 days before the event**

