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Media Pass Application Form

Please complete FULLY in BLOCK CAPITALS

DETAILS		
Title:	First Name:	Last Name:
Date of Birth:		Previous Pass No:
Address:		
Postcode:		
Telephone:		Mobile:
e-mail:		
Name of publication / media company:		
Please enclose one of the following: <ul style="list-style-type: none">• Copies of three press articles that you have had published in the last 12 months• A letter of provenance from the of the publication / media company that you are working for this year• A copy of your MSA or ACU Media Credential Please also enclose a copy of your public liability insurance certificate.		
Signature:		Date:

Please enclose two recent passport sized photographs (29mm x 39mm) of yourself with this application and return to:
Anglesey Circuit, Media Pass Applications, Ty Croes, Anglesey, LL63 5TF

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