



For Office Use:  
Date received:  
Ref:  
Application result:

## 2017 Media Accreditation Application Form

If you would like to attend a VSCC event and are not already on the Media list for the Vintage Sports-Car Club please complete the form below and return to James Taylor, Press & PR Secretary at the Vintage Sports-Car Club no later than two weeks prior to the event you are interested in attending.

NB: Please read the sections below carefully before completing this application form. Forms not fully completed will be returned. Please note that the completion and submission of this form **does not guarantee** the granting of a media pass and **only one weekend** pass to be issued per application.

All applications **MUST** be supported by;

- a) **Original letter of accreditation** from the editor or director of a recognised publication/agency/media organisation relating to the specific event. Without it, the application will **NOT** be considered.
- b) **Two examples** of published work either from the past two seasons, preferably relating to motorsport.
- c) **Proof of Public Liability Insurance Cover** - it is a requirement at all VSCC Events to have the necessary public liability insurance cover for motorsport photography in place (not less than £5m as standard). This is the responsibility of the individual and/or employer and evidence of this may be requested when signing-on.

**ALL APPLICATIONS MUST BE RECEIVED TWO WEEKS PRIOR TO THE EVENT YOU WISH TO ATTEND**

---

Event Name \_\_\_\_\_ Date(s) you wish to attend \_\_\_\_\_  
(please provide details of the event you wish to attend)

Full Name: \_\_\_\_\_ VSCC Membership Number (if applicable) \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Postcode: \_\_\_\_\_

Home Tel: \_\_\_\_\_ Home Fax: \_\_\_\_\_

Work Tel: \_\_\_\_\_ Work Fax: \_\_\_\_\_

Mobile: \_\_\_\_\_ Email: \_\_\_\_\_

I will be working primarily as (please tick): Photographer  Journalist

MSA Media Credential ref Number: \_\_\_\_\_

For whom will you be working for principally? \_\_\_\_\_

Name of Editor/Director: \_\_\_\_\_

Tel: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Signature of applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Please return your completed form along with examples of your work to James Taylor;

The Vintage Sports-Car Club, The Old Post Office, West Street, Chipping Norton, Oxon, OX7 5EL

T: 01608 644777 Ext 3

F: 01608 644888

E: james.taylor@vsccl.co.uk