



OFC CHAMPIONS LEAGUE 2017 25 February – 6 May 2017

MEDIA ACCREDITATION APPLICATION FORM

PERSONAL INFORMATION

(All fields are mandatory, incomplete forms will NOT be accepted)

| Name | | | Surname | | |
|---|-----------------------|--|--------------|------|--|
| Nationality | | | | | |
| Name of Media Organisation | | | | | |
| Address of Media Organisation | | | | | |
| Editor | • | | Ţ | | |
| Telephone | | | Fax | | |
| Email | | | Mobile Phone | | |
| Website | | | Country | | |
| CATEGORY OF MEDIA ORGANISATION (Mark 'X' in the appropriate box) Other (Please specify) FUNCTION (Mark 'X' in the appropriate box) | | | | | |
| Other (Please Specify) | | | | | |
| REQUIREMENTS (Mark 'X' in the appropriate box) Work Desk (Limited spaces are available) | | | | | |
| I agree to comply with any reasonable direction given by Oceania Football Confederation staff or venue staff. I understand that Oceania Football Confederation may withdraw my accreditation at any time. | | | | | |
| Signature of | Applicant | | | Date | |
| Signature of | Editor/Chief of Staff | | | Date | |

A PPLICATIONS MUST BE SIGNED THEN SENT TO:

Jacqueline TRAN VAN
OFC Media and Communications
E: jacqueline@oceaniafootball.com

Accreditations are limited. Submission does not guarantee accreditation, applications are subject to confirmation.

Overseas applicants are responsible for their own visa.