

**2012 COMRADES MARATHON**  
**MEDIA ACCREDITATION APPLICATION**



Please complete this form and return it with **two passport photographs** not later than **1st May 2012**  
to **COMRADES MARATHON, MEDIA DEPARTMENT, PO BOX 100621, SCOTTSVILLE 3209**  
For enquiries please contact **Delaine Cools** at **033 8978650**.

**Organization Name** \_\_\_\_\_

**Surname** \_\_\_\_\_

**First Name** \_\_\_\_\_

**Address (Postal)** \_\_\_\_\_

**Postal Code** \_\_\_\_\_

**Telephone No.** \_\_\_\_\_

**Facsimile No.** \_\_\_\_\_

**Cellular No.** \_\_\_\_\_

**Email Address** \_\_\_\_\_

**ORGANISATION TYPE** Please select with an **X** that indicated the nature of organisation above

<input type="checkbox"/>	<b>RADIO</b>	<input type="checkbox"/>	<b>PRINT</b>
<input type="checkbox"/>	<b>TELEVISION</b>	<input type="checkbox"/>	<b>WEB</b>

**POSTION AT ABOVE ORGANISATION** Please select with an **X** that indicated the nature of organisation above

<input type="checkbox"/>	<b>JOURNALIST</b>	<input type="checkbox"/>	<b>COMMENTATOR</b>
<input type="checkbox"/>	<b>PHOTOGRAPHER</b>	<input type="checkbox"/>	<b>PRODUCTION</b>
<input type="checkbox"/>	<b>OTHER</b> (Please Specify)		

**SPECIAL REQUESTS** \_\_\_\_\_

\_\_\_\_\_

i.e. Media truck, Special photographers finish access, Motorbike etc. (To be allocated at sole discretion of the CMA)