



MEDIA ACCREDITATION FORM

Approved
Y/N

**NEW SOUTH
WALES**

*Return completed to
Erin Kenneally - Surf Life Saving NSW
Email: media@surflifesaving.com.au Phone: 02 9471 8052*

Name: _____

Representing Media Organisation: _____ Position: _____

Editor/Administrator: _____ Website: _____

Address: _____

Telephone: _____ Fax: _____

Email: _____ Mobile: _____

Please name which Event(s) accreditation is being applied for:

A Working With Children Check is also required for most of our events. In order for us to verify your clearance please provide the below details (if possible):

Full Name: _____ Date of Birth: _____

Working With Children Check Number: _____

Applicant's Signature: _____ Date: _____

**For news and results during each event,
visit www.surflifesaving.com.au**