

APPENDIX F



Media Accreditation Application Form

The deadline to submit the Media Accreditation Application Form is September 17, 2019

PERSONAL INFORMATION

Name, Surname	
Address	
Mobile phone	
E-mail	
Emergency contact (Name, Surname)	
Emergency contact (Mobile phone)	

APPLICATION FOR: (Mark below)

Journalist		Photographer	
Print Media		Digital Media	

INFORMATION ABOUT THE REPRESENTED MEDIA

Title of Media			
Country			
Address			
Phone No.			
Internet address			
Medium	Printed		Internet portal
	Other:		
Frequency	Daily	Weekly	Monthly
	Other:		

Filled-in Media Accreditation Application Form shall be sent to the Organizers via e-mail press.cyprusrally@gmail.com

By submitting a filled-in Media Accreditation Application Form I confirm that:

- I have reached the age of 18
- I accept Media Accreditation Rules (specifically that I agree not to undertake any filming without the permission of Eurosport Events)
- All the information in this Media Application Form is true
- I take full responsibility for my actions.



CONSECUTIVE SERVICE AREA REQUEST FORM

This form must be sent to the Permanent Secretariat, duly completed and signed, not later than Wednesday, 11/09/2019

Permanent Secretariat contact details:

CYPRUS AUTOMOBILE ASSOCIATION, P O BOX 22279, CY-1519 NICOSIA, CYPRUS
 Tel. +357 22313233 Fax +357 22313482 E-mail caa@cytanet.com.cy



This form must be completed by any teams requiring consecutive service area in the Service Park.

TEAMS

Entrant / Driver		Car No.
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Entrant / Driver		Car No.
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Entrant / Driver		Car No.
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Contact person		
On event phone number		

Signature:	Signed by (full name in block letters):	Capacity:
		Date:

For official use

Request forwarded	Yes:	No:
Comments:		
Date:		



EXTRA SECURITY SERVICES REQUEST FORM

This form must be sent to the Permanent Secretariat, duly completed and signed, not later than Wednesday, 11/09/2019

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This form must be completed by any team requiring extra security services in the Service Park area.

SECURITY SERVICES

No. of Security Guards	Cost	Date	Time		
			From	To	Total Hours
			From	To	Total Hours
			From	To	Total Hours
			From	To	Total Hours
			From	To	Total Hours
			From	To	Total Hours
			From	To	Total Hours

TEAM CONTACT DETAILS

Team name			
Contact person			
Phone	Mobile phone no.	E-mail	Event Mobile no.
Invoice details			
VAT no.			
Signature:	Signed by (full name in block letters):	Capacity:	
		Date:	



For official use
 Competitor No

EXTRA POWER SUPPLY REQUEST FORM

This form must be sent to the Permanent Secretariat, duly completed and signed, not later than Wednesday, 11/09/2019

Permanent Secretariat contact details:

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This form must be completed by any team requiring extra power supply in the Service Park area.

Facility	No. of units	Unit Price	Total Cost
POWER SUPPLY (1 x 16A/220V = €250)		€250,00/unit	

TEAM CONTACT DETAILS

Team name:			
Contact person:			
Phone:	Mobile phone no. :	E-mail:	Event Mobile no.:
Invoice details			
VAT no.			
Signature:	Signed by (full name in block letters):	Capacity:	
		Date:	

For official use

Comments:

Date:



HYGIENE FACILITIES REQUEST FORM

This form must be sent to the Permanent Secretariat, duly completed and signed, not later than Wednesday, 11/09/2019
Permanent Secretariat contact details:

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This form must be completed by any team requiring extra hygiene facilities in the Service Park area.

FACILITY	Requirements	Price	Total Cost
Chemical toilet units including last emptying for six days		€150,00	
Chemical toilet emptying once a day for six days		€45,00 per day	
Motor home septic tank emptying, once a day for six days		€30,00 per day	

TEAM CONTACT DETAILS

Team name			
Contact person			
Phone	Mobile phone no.	E-mail	Event Mobile no.
Invoice details			
VAT no.			

Signature	Signed by (full name in block letters):	Capacity:
		Date:

For official use

Comments:

Date:



MAKE TEAM ENTRY APPLICATION FORM

This form must be sent to the Permanent Secretariat, duly completed and signed, not later than Tuesday, 24/09/2019

Permanent Secretariat contact details:

CYPRUS AUTOMOBILE ASSOCIATION, P O BOX 22279, CY-1519 NICOSIA, CYPRUS
Tel. +357 22313233 Fax +357 22313482 E-mail caa@cytanet.com.cy



This form must be completed by any teams requiring a MAKE TEAM ENTRIES as per art. 4.5 of the Supplementary Regulations

“MAKE” TEAM NAME

COMPETITOR DETAILS

Entrant / Driver:	Car No.:	Invoice Details:	Team Entry Fees: €1 19,00 per car <small>(VAT @ 19% is included in the above Team Entry Fees)</small>
Entrant / Driver:	Car No.	Invoice Details:	Team Entry Fees: €1 19,00 per car <small>(VAT @ 19% is included in the above Team Entry Fees)</small>
Entrant / Driver:	Car No.	Invoice Details:	Team Entry Fees: €1 19,00 per car <small>(VAT @ 19% is included in the above Team Entry Fees)</small>

Contact person:

On event phone number:

Signature:

Signed by (full name in block letters):

Capacity:

Date:

For official use

Team Entry Fees Settled	Yes:	No:
Comments:		
Date:		



For official use
Competitor No

ON BOARD CAMERA REQUEST FORM

This form must be sent to the Permanent Secretariat, duly completed and signed, not later than Wednesday, 11/09/2019

Permanent Secretariat contact details:

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This form must be completed by any teams requiring on board camera.

COMPETITOR DETAILS

Entrant / Driver		Car No.
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Entrant Address	
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Use of Footage	Car No
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Contact person	
On event phone number	

Signature:	Signed by (full name in block letters):	Capacity:
		Date:

For official use

Request forwarded	Yes:	No:
Comments:		
Date:		



Competitor No

RECONNAISSANCE REGISTRATION FORM

This form must be sent to the Permanent Secretariat, duly completed and signed, not later than Tuesday, 24/09/2019

Permanent Secretariat contact details:

CYPRUS AUTOMOBILE ASSOCIATION, P O BOX 22279, CY-1519 NICOSIA, CYPRUS
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Refer to article no. 9 of the 2019 Cyprus Rally Supplementary Regulations pertaining to Reconnaissance.

START OF RECONNAISSANCE (RECCE)

Wednesday 25 September 2019 Time: 08:00-17:00 hours
 Thursday 26 September 2019 Time: 08:00-15:00 hours
 Saturday 28 September 2019 (SSS Nicosia) Time: 06:30-08:30 hours

DETAILS OF THE RECONNAISSANCE CAR

Make:	Model:	Registration Number:	Colour:
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DETAILS OF SPARE RECONNAISSANCE CAR (IF ANY)

Make:	Model:	Registration Number:	Colour:
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DETAILS OF THE CREW

DRIVER	CO-DRIVER	Contact tel. no. during event:
Surname:	Surname:	
Name:	Name:	

CONTACT PERSON DURING RECONNAISSANCE

Surname:	Name:	Capacity:	Contact tel. no. during event:
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PLACE OF ACCOMMODATION DURING EVENT

Driver:	Co-Driver:
Team Manager:	Team Manager contact tel. no.:

DECLARATION OF INDEMNITY

Upon our registering for Reconnaissance, we hereby declare that our above participation is at our own risk and that we will not hold the Organiser, its Officials, the FIA and, the Cyprus Automobile Association and, the United Nations responsible for any accidents, injuries and/or otherwise during Reconnaissance. We also declare to have full knowledge of the rules and regulations issued by the FIA and the CAA covering and governing motor racing in all its aspects and guarantee to respect all such rules and regulations, without exception. We declare that we are conversant with article no. 9 of the 2019 Cyprus Rally Supplementary Regulations.

ACKNOWLEDGEMENT AND AGREEMENT

By the signature we declare that all statements made in this form are accurate. We acknowledge and agree in full to the terms and conditions of the above indemnity and, that we accept all the terms and conditions relating to our participation in Reconnaissance.

Signature:	Signed by (full name in block letters):	Capacity:
		Date:



Competitor No

OPTIONAL SHAKEDOWN APPLICATION FORM

NON-FIA & ERC PRIORITY DRIVERS

This form must be sent to the Permanent Secretariat, duly completed and signed, not later than Wednesday, 11/09/2019

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If this form is not completed, the Organisers will assume that the crew will not participate in the Shakedown

OPTIONAL SHAKEDOWN

Date: Friday, 27 September 2019

Time: 11:00-12:30 hours

(Please tick accordingly)

We wish to participate in the Optional Shakedown

We do not wish to participate in the Optional Shakedown

DETAILS OF THE DRIVER

Surname		
Name		
Contact telephone number during the event		
Signature:	Signed by (full name in block letters):	Capacity:
		Date:

For official use

Application Form forwarded:	Yes:	No:
Comments:		
Date:		



Competitor No

SERVICE CREW VEHICLE REGISTRATION FORM

This form must be sent to the Permanent Secretariat, duly completed and signed, not later than Tuesday, 24/09/2019

Permanent Secretariat contact details:

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Vehicles gaining access to the Service Park must display the identification plate on the windscreen

Service Team Manager:			Contact Telephone Number:
Deputy Service Team Manager:			Contact Telephone Number:
VEHICLE & SERVICE CREW DETAILS			
Service Vehicle 1	Make:	Model:	Colour: Registration No.:
Driver Names	1.		Mob. Tel. No.:
	2.		Mob. Tel. No.:
	3.		Mob. Tel. No.:
	4.		Mob. Tel. No.:
Service Vehicle 2	Make:	Model:	Colour: Registration No.:
Driver Names	1.		Mob. Tel. No.:
	2.		Mob. Tel. No.:
	3.		Mob. Tel. No.:
	4.		Mob. Tel. No.:
Auxiliary Vehicle 1	Make:	Model:	Colour: Registration No.:
Driver Names	1.		Mob. Tel. No.:
	2.		Mob. Tel. No.:
	3.		Mob. Tel. No.:
	4.		Mob. Tel. No.:
Auxiliary Vehicle 2	Make:	Model:	Colour: Registration No.:
Driver Names	1.		Mob. Tel. No.:
	2.		Mob. Tel. No.:
	3.		Mob. Tel. No.:
	4.		Mob. Tel. No.:
Person in charge of vehicles			Mob. Tel. No.:
Signature:	Signed by (full name in block letters):	Capacity:	
		Date:	

For official use

Comments:	Date:
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For official use Competitor No
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HELICOPTER HIRE APPLICATION FORM

This form must be sent to the Permanent Secretariat, duly completed and signed, not later than Wednesday, 11/09/2019

Permanent Secretariat contact details:

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! This form must be completed if teams require to hire a helicopter. Completed form will be forwarded to helicopter hiring company who will be in touch directly with interested party.

HELICOPTER SPECIFICATION DETAILS

TYPE:	MAKE:
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OTHER REQUIREMENTS:

OPERATION

Use of Helicopter during Rally:

TEAM CONTACT DETAILS

Team name:

Contact person:

Phone:	Mobile phone no. :	E-mail:	Event Mobile no.:
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Invoice details:

VAT no.:

For official use

Application Form forwarded:	Yes:	No:
Comments:		
Date:		