SYDNEY INTERNATIONAL 3DE

MEDIA ACCREDITATION FORM 2026

PERSONAL DETAILS

First Name: _____

Last Name: _____

Address: _____

Post Code: _____

Email: _____

Mobile Phone: _____

Emergency Contact: _____

Phone: _____

Relationship: _____

Media Company you represent: _____

MEDIA ROLE

☐ Journalist ☐ Photographer ☐ Videographer ☐ Other: _____

WORKING WITH CHILDREN CERTIFICATE

Do you hold a valid Working With Children Check? ☐ Yes ☐ No — You cannot continue

WWCC Number: _____

Expiry Date: _____

State / Territory of Issue: _____

INSURANCE INFORMATION

Public Liability Insurance Cover Amount: ☐ $10 Million ☐ $20 Million

Minimum $10 million Public Liability is required. $20 million cover is preferred.

Please attach a copy of your Certificate of Currency.

ABN: _____

ACKNOWLEDGMENT

☐ I confirm that the information provided is accurate and current

☐ I acknowledge that accreditation is granted at the discretion of Sydney 3DE

☐ I agree to comply with all Sydney 3DE, SIEC and Office of Sport site rules

☐ I understand that accreditation may be withdrawn if conditions are breached

Full Name: _____

Date: _____

Signature: _____