



**ACCREDITATION FORM**

**5K / HALF MARATHON**

**2009 Canada Army Run Media Accreditation Form for Canada Army Run and Associated Events**

Please return this form by email or fax by Tuesday, September 15, to:  
Velma LeBlanc Email: [media@armyrun.ca](mailto:media@armyrun.ca) Fax: (613) 834-6646

**Media Information**

Name of Media Organization: \_\_\_\_\_

Name of Program/Column: \_\_\_\_\_

**Type of media: Frequency of Publication (check all applicable):**

- |                                    |                                   |                                   |
|------------------------------------|-----------------------------------|-----------------------------------|
| <input type="checkbox"/> Newspaper | <input type="checkbox"/> Radio    | <input type="checkbox"/> On-going |
| <input type="checkbox"/> Monthly   | <input type="checkbox"/> Internet | <input type="checkbox"/> TV       |
| <input type="checkbox"/> Daily     | <input type="checkbox"/> Magazine | <input type="checkbox"/> Weekly   |

**Access Required (check all applicable):**

- |                                     |                                      |
|-------------------------------------|--------------------------------------|
| <input type="checkbox"/> TV Truck   | <input type="checkbox"/> Finish Line |
| <input type="checkbox"/> Start Line | <input type="checkbox"/> Media Room  |

**Language of media (check all applicable):**

- |                                  |                                 |                                      |
|----------------------------------|---------------------------------|--------------------------------------|
| <input type="checkbox"/> English | <input type="checkbox"/> French | <input type="checkbox"/> Other _____ |
|----------------------------------|---------------------------------|--------------------------------------|

**Expected Air Date/Publication Date:** \_\_\_\_\_

**Contact Person**

First Name: \_\_\_\_\_ Last name : \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ ext.: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Parent or Associated Media Company (if applicable): \_\_\_\_\_

**Accreditation Request**

Indicate the number of accreditations requested: \_\_\_\_\_

Media Contact Information on Race Day:

Velma LeBlanc, **613-794-4806** or [media@armyrun.ca](mailto:media@armyrun.ca)

**BE PROUD. STAND TOGETHER. RUN WITH CANADA'S ARMY.**

