



Media Accreditation Form

Name:	
Organization:	
Role/Position:	
Organization Address: Street: City: Province: Postal Code:	
Email:	
Phone Number:	
Website:	
Media Type: (Print, Radio, Television, Web, Photographer, other (please explain).	
Publication date(s) for coverage:	
Photo:	Please attach a photo for badge and identification purposes.

Please complete this form and return it, along with a photo, to Darren Matte, Manager, Marketing and Communications, Wrestling Canada Lutte by email: dmatte@wrestling.ca.

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