



Press Pass Application Form

Full Name:

Address:

Contact e-mail:

Mobile number:

Name of publication/business:

(If freelance enter FREELANCE)

Blog website:

Any specialist areas of interest:

Date of visit:

Would you like a guest pass?

Name of guest:

E-mail of guest:

Applicant's Declaration

I certify that the above particulars are correct. I will return the card if I cease to meet the criteria needed for issue.

Applicant's Signature:

Full Name: (BLOCK CAPITALS)

Date:

Please return this application form to:
Taste of the South, Burnside Studio, 2 Stour Cl, Wimborne BH21 7LU or
info@tastesouth.co.uk