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|  | **Territorial Court of Yukon** | | |  |
|  | **Request for Media Accreditation** | | |  |
|  |  |  |  |  |
| Name: |  | |  |  |
|  |  |  |  |  |
| Media organization: |  | |  |  |
| (name and address) |  | |  |  |
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|  |  | |  |  |
|  |  |  |  |  |
| Contact: |  | |  |  |
| (phone and/or email) |  | |  |  |
|  |  |  |  |  |
| Supervisor or Editor’s contact phone number and/or email address: | | | |  |
|  |  | |  |  |
|  |  | |  |  |
|  |  |  |  |  |

Type of medium (check all that apply):

Newspaper  Blog

Television  Twitter

Radio  Other

Website Please describe:

In submitting this application, I confirm that I have read the relevant Court practice directions, including ADMIN-3, ADMIN-7, ADMIN-9, TECH-1, TECH-2 and TECH-5. I also agree to take steps to inform myself about any publication bans imposed in a court proceeding.

Signature:

Date:

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APPROVED  DENIED

CJTC CJSC

Signature: Signature:

Date: Date: