



Application Form

Please send us the completed form together with a copy of your press ID before the desired visit date and email to llm.media@legoland.my.

Last Name		First Name	
Name of Media		Press ID	
Position			
Editor			
Address			
Postcode		City	
Country			
Telephone		Fax	
Email			
Date of Visit			

Please tick (/) accordingly:

- I will be coming alone for media coverage
- I will be bringing someone with me (*maximum 2 person only*)

Please note the finalisation of your application is subject to final decision by LEGOLAND® Malaysia Resort. If it is approved, we will send you a confirmation email.

(Date, Signature)

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