## VEHICLE/RE-ENACTORS ENTRY FORM

Name		Address			
Postcode					
Email (please print clearly)		·			
Errian (picase print sicarry)					
YOUR VEHICLE DETAILS (one form per vehicle)					
Make	Model		Year of Ma	ınufacture	
Number of persons in vehic	ele	Period dress	S YES/NO Rec	g Number	
ls your vehicle: Army	Navy	RAF	Civilian	(Tick as ap	propriate)
BritishUSAFre	nchOthe	er(Please state)		(Tick as ap	propriate)
Which day(s) are you attend	ding Saturday	ر Sı	unday	(Tick as ap	propriate)
DISPLAY/UI	NIT PORTRAY	/ED (no SS unif	orms or insign	nia please)	
Display/Unit portrayed					
Display space required		Number of p	persons on disp	olay	
	OVE	RNIGHT CAMP	ING		
As this event takes place or				ng is off site.	
FRIDAY/SATURDAY/SUNDA	AY/ALL CA	MPING SPACE F	REQUIRED		
I declare that my display wil of current public liability ins		n respect of clair	ms against me	or my agents by	y means
I declare that my vehicle co any driver/operator of any v appropriate to the type of ve	ehicle entered	•			
I understand and agree that open to the public, unless a complied with.			•	•	
Signed	Print.			)ate	
Please return completed for HD6 1AF or email to market			ks, 11 Comme	ercial Street, Brig	ghouse,

All entries must be received by 1st May 2018. Full event details with maps etc. will be sent by email approximately 7 days prior to the event.