The Foulsham Classic

CLASSIC VEHICLE SHOW

Sunday 21st June 2020 10 am to 3 pm

SHOW ENTRY FORM

BLOCK CAPITALS PLEASE

Name:

Address:

Tel No:

Vehicle details:

Make: **Model:** **Year:**

Registration No:

E Mail address (below):

I hereby confirm that my vehicle will be properly covered by a minimum of Third party insurance.

Sign: **Date:**

Print

I declare that I am insured to drive the vehicle described above and indemnify the New Frost Hall committee against any claims arising from my participation in this event and also agree the aforementioned will not be held responsible for any damage to my vehicle however it may be caused.
I agree to abide by the rules and decision of the event organiser