

# Entry Form

PLEASE COMPLETE THIS FORM IN CAPITAL LETTERS

Name..... Tel No .....

Address .....

.....

..... Postcode .....

Email address .....

Make, model & type of vehicle .....

Registration Number ..... Year .....

I would like to attend (please tick): Sat 12th October  Sun 13th October

If your vehicle was made later than 1988 (Saturday) or 1975 (Sunday) please indicate why you think it qualifies as 'exceptional' and should be displayed at the Classic Car Show:

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.....

Interesting information about your vehicle for the commentator:

.....

.....

I confirm that I have a minimum of Third Party Insurance cover in respect of my vehicle.

Signed..... Date.....

All entries will receive a commemorative plaque on the day at the booking desk

**Completed forms should be returned, with a stamped addressed C5 envelope (9" x 6.5" / 23cm x 16cm) to: Classic Car Show, Hastings Week, c/o Town Hall, Queens Road, Hastings TN34 1QR.** Acknowledgements will be sent September.

The organisers accept no responsibility for any accident, theft or damage at this event.