



# *Launceston Steam and Vintage Rally*

**27<sup>th</sup> – 29<sup>th</sup> May 2023**

Altarnun, Launceston.

## **Entry form for Classic Caravans and Campervans**

If you wish to enter your exhibit which is at least 30 years old or of particular interest in the above event please complete the bottom of this form and send it to the below address. Please include a copy of your insurance and 2 stamped addressed envelopes. One envelope is for your pass the other is for next year's entry form when available. All entries must be in by the 1<sup>st</sup> May (late entries at discretion of section secretary). All exhibits must be operational and covered by Public Liability Insurance.

One entry per form please but photocopies are allowed. Please be in place by 10am and stay until after 5pm.

**Please send your completed entry form and copy of your insurance to Jason Goss, The Beeches, Boyton, Launceston, Cornwall. PL15 8NS. Jason: 07508 208104. Emma: 07946648746**

**classiccaravan@launcestonsteamrally.com**

.....Cut here.....Keep top part.....Cut here..... Keep top part.....Cut here.....Keep top part.....Cut here...L...Keep top part.....Cut here.....

## **Launceston**



Section: Classic Caravans and Campervans. (Please complete in block capitals)

Owned by \_\_\_\_\_

Address \_\_\_\_\_

Postcode \_\_\_\_\_ Telephone No \_\_\_\_\_

Email address \_\_\_\_\_

Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_

Club \_\_\_\_\_

Name of Insurance Co \_\_\_\_\_ Policy No \_\_\_\_\_

Please enclose a brief description of your exhibit on a separate sheet of paper for programme.

## **Please enclose a copy of insurance.**

I wish to attend (tick) Saturday \_\_\_\_\_ Sunday \_\_\_\_\_ Monday \_\_\_\_\_

I wish to camp (tick) Yes \_\_\_ No \_\_\_ Reg of accompanying vehicle if any \_\_\_\_\_

Please note that camping may be separate from exhibits.

**I would like to make a voluntary donation of £5 towards Environmental Costs (tick) Yes No**

Please enclose a cheque made payable to "Launceston Steam & Vintage Rally"

Please indicate number of Adults..... And Children..... attending so that correct number of wristbands can be issued. (Normally 2 Adults and 2 Children but others at section secretary's discretion.)

**I accept the terms and conditions set out within these pages and declare that my exhibit is operational and covered by the Public Liability Insurance. Any insurance or personal details are for internal use only except for entries in the programme.**

Signed \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_