

BOOKING FORM 002**Your Details:**

Name:.....

Address:.....

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Postcode:.....

Telephone Number:.....

Mobile Number:.....

Email Address:.....

Vehicle Make:.....

Model and Type:.....

Year:.....

Registration Number:.....

(The Shuttleworth Collection reserves the right to request an exhibitor and his/her guest(s) to leave the site at its discretion).

Declaration

I confirm that any vehicle I bring to the above event will be fully insured against Public and Road Traffic liabilities and will be fully legal to operate on the public highway. The vehicle will only be driven by suitably qualified and insured persons at all times.

I agree to abide by the rules of the event and also to obey instructions issued by any member of Shuttleworth staff or the marshalls whilst on site. I have read, understood and agree to the Terms and Conditions of exhibiting as shown above.

Signed:..... Date:.....