



# *Launceston Steam and Vintage Rally*

**25<sup>th</sup> – 27<sup>th</sup> May 2019**

Altarnun, Launceston.

## **Entry form for Bicycles**

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 years 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 Road Traffic Act Insurance or 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: Stan Byers, 23 St Leonards Road, Lanstephan, Launceston. PL15 8LQ [bicycles@launcestonsteamrally.com](mailto:bicycles@launcestonsteamrally.com) 07741 014520**

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## **Launceston**

Section: Bicycles



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

Address \_\_\_\_\_

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

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

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

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.

Please indicate number of Adults..... and Children..... attending so that the 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 road traffic act and public liability insurance.**

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