



Launceston Steam and Vintage Rally

25th – 29th May 2019

Altarnun, Launceston.

Entry form for Motorcycles

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 1st May (late entries at discretion of section secretary). All exhibits must be operational and covered by Road Traffic Act Insurance or public liability insurance. All drivers of any vehicle must hold a current driving license. No entry to be left in sole charge of persons who does not hold a driving licence for that vehicle.

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: Shaun Pope, 59 Efford Lane, Plymouth, PL3 6BG. 07437 405212 motorcycles@launcestonsteamrally.com

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Launceston

Section: Motorcycles



Owned by _____ Driven by _____

Address _____

Postcode _____ Telephone No _____

Email address _____

Make _____ Model _____ Year _____

Registration _____ CC or HP _____ 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.

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 _____