

TRANSPORT SECTION

ENTRY FORM

Littleport Show

SATURDAY 28th JULY 2012

Peter Mitchell

24 Hempfield Road Littleport Cambs CB6 1NW

Make/Model of Exhibit:

Registration: Year:

Brief History:

Owner/Drivers Name:

Address:

Postcode: Tel. No:

Declaration:

I declare that during the whole period of the event my entry/entries will be covered by insurance for third party risks.

I agree to indemnify and hold harmless the organisers of this event from any claim for any accidental damage or personal injury whatsoever caused by my taking part in the event.

Signed: Date:

Please return completed form to:

PETER MITCHELL

Tel: 01353 861389

24 Hempfield Road. Littleport. Ely. Cambs. CB6 1NW

Show passes (if necessary) admitting vehicle and driver will be issued in due course.

All accompanying passengers and pillars will be charged at the standard rate.

www.littleportshow.co.uk