



## Exhibitor Details

Full Name:	
Address:	
Contact Number:	
Email Address:	

Vehicle Details	Vehicle 1	Vehicle 2	Vehicle 3
Make:			
Model:			
Year:			
Registration Number:			
Colour:			
Insurance Company:			
Policy Number			
Modifications / Notes:			

## Attendance Details

Arrival Date and Time:	
Departure Date and Time:	
Camping/ Day visit(s) booking number(s):	

## Waiver & Declaration

I declare that the information provided is true and correct. I confirm that all vehicles entered are fully insured and are displayed at my own risk. I accept that the organisers, venue, and affiliates accept no responsibility for loss, damage, or injury. I agree that I, the owner/entrant, will remain on the premises at all times while my vehicle(s) are on display.

Signature:	
Print Name:	
Date:	