Please return your completed Application Form and cheque with the vehicle registration on reverse, for £10.00 made payable to Bognor Regis Town Council to:

Kirsten Fitzpatrick, Bognor Regis Town Council, Town Hall, Clarence Road, Bognor Regis West Sussex, PO21 1LD 01243 825535 kirstenfitzpatrick@bognorregis.gov.uk

PLEASE PRINT CLEARLY

Exhibitor; Name	Phone No (with code)
Address	Email
Town/County	Postcode
Exhibit Vehicle; Make	Model
Vehicle Registration NumberVehicle type (please indicate) CAR / MOTORCYCLE / SCOC	
Are you booked on to an official Club stand? Yes/no. If yes, which one?	
Please tick here () if you would like your details to be retained on file to enable the Town Council to contact you about future Drive Through Time events only. We will not pass your details on to a third party without your express consent. You may opt out at any time by emailing your request to bognortc@bognorregis.gov.uk	
Please tick here () if you would <u>not</u> like your details to be retained on file after the 12-month period as stated above, and therefore, do not wish the Town Council to contact you about future Drive Through Time events.	
Signature. Dat	е