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

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Exhibitor; Name	Phone No (with code)
Address	Email
Town/County	Postcode
Exhibit Vehicle; Make	Model
Vehicle Registration NumberVehicle type (please indicate) CAR / MOTORCYCLE / SCC	
Are you booked on to an official Club stand? Yes/no. If yes	which one?
	is to be retained on file to enable the Town Council to nts only. We will not pass your details on to a third out at any time by emailing your request to
Please tick here () if you would <u>not</u> like your details to b and therefore, do not wish the Town Council to contact you	e retained on file after the 12-month period as stated above, about future Drive Through Time events.
Signature Di	ate
Bognor Regis Town Council to: Kirsten Fitzpatrick, Bognor Regis Town Council, Town Hall, Cla	arence Road, Bognor Regis West Sussex, PO21 1LD 01243 825535
kirstenfitzpatrick@bognorregis.gov.uk PLEASE PRINT CLEARLY	
PLEASE PRINT CLEARLY	
PLEASE PRINT CLEARLY Exhibitor; Name	Phone No (with code)
	Phone No (with code)
PLEASE PRINT CLEARLY Exhibitor; Name Address Town/County	Phone No (with code) Email
PLEASE PRINT CLEARLY Exhibitor; Name	Phone No (with code) Email Postcode Model Year
PLEASE PRINT CLEARLY Exhibitor; Name	Phone No (with code) Email
PLEASE PRINT CLEARLY Exhibitor; Name	Phone No (with code) Email
PLEASE PRINT CLEARLY Exhibitor; Name	Phone No (with code)