

Please return your completed Application Form with either a cheque with the vehicle registration on reverse, for £10.00 made payable to Bognor Regis Town Council or by BACS A/c Name: Bognor Regis Town Council A/C Number: 50363632 Sort Code: 08-90-81 using the vehicle registration as the reference, send to:

Kirsten Fitzpatrick, Bognor Regis Town Council, Town Hall, Clarence Road, Bognor Regis West Sussex, PO21 1LD 01243 825535  
[kirstenfitzpatrick@bognorregis.gov.uk](mailto:kirstenfitzpatrick@bognorregis.gov.uk)

**PLEASE PRINT CLEARLY**

Exhibitor; Name..... Phone No (with code) .....

Address..... Email.....

Town/County..... Postcode.....

Exhibit Vehicle; Make..... Model.....

Vehicle Registration Number..... Year.....

Vehicle type (please indicate) CAR / MOTORCYCLE / SCOOTER / PSV / COMM / MILITARY

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](mailto:bognortc@bognorregis.gov.uk)**

Please tick here (  ) if you would not 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..... Date.....