Please return your completed Application Form and the cheque with your 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.

To be returned by 6th June 2025

PLEASE PRINT CLEARLY

Post Code	
Phone No	
Email	
Exhibit Vehicle:	
Make	Model
Vehicle Registration Number	
Vehicle type (please indicate) CAR / I	MOTORCYCLE / SCOOTER / PSV / COMM / MILITARY
Are you booked on to an official Club sta	nd Yes / No
Nar	me of Stand (If applicable)
future Drive Through Time events only. We we you may opt out at any time by emailing you Tick here if you do not want your de	s to be retained on file to enable the Town Council to contact you about will not pass your details on to a third party without your express consentur request to bognortc@bognorregis.gov.uk tails to be retained on file after the 12-month period as stated above, an ontact you about future Drive Through Time events.
Signature	Date
Additional Information:	
Where did you hear about this event:	Attended previous DTT
	Word of Mouth
	Social Media
	Magazine
	Other