

WEST BERKS CLASSIC VEHICLE CLUB

# Classic Vehicle Show

## Newbury College

Name.....

Address.....

.....

.....

Postcode.....

Email .....

WOULD YOU LIKE TO BE ADVISED OF NEXT YEARS SHOW? YES PLEASE

NO THANK YOU

Vehicle Registration Number .....

By my signature below:

I confirm that to the best of my belief the vehicle concerned is suitable for the use to which it will be put during the event and that the vehicle is roadworthy.

I confirm that I and/or any other person(s) I may nominate to move, drive, control or otherwise operate the vehicle am/are competent to do so.

I confirm that the use of the vehicle hereby entered will be covered by insurance as required by law. I undertake not to allow anyone who is not insured to do so to start, drive or otherwise operate the vehicle hereby entered during the course of the event.

In the event of any defect in the insurance referred to above, I undertake to indemnify the organisers in respect of any loss that would be covered had the insurance not been defective.

I confirm that the above information is correct, and have read the conditions of entry as listed above and agree to be bound by them.

Signed.....

Date.....