EXHIBITOR APPLICATIONN FORM

|  |
| --- |
| *NAME:* |
| *ADDRESS:* |
| *EMAIL:* |
| *TELEPHONE NUMBER:* |
| *TYPE OF EXHIBIT:* |
| *DETAILS OF EXHIBIT:* |

**Please Tick**

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|  |
|  |

Both days

Saturday **ONLY**S

Sunday **ONLY**

Camping Space Required

Please complete and forward together with a copy of your insurance and SAE to:

Mrs Sandra Dawson Tel: 01775 820033

Corby lodge Email: [sc.dawson@virgin.net](mailto:Sc.dawson@virgin.net)

Gauntlet Road

Bicker

Boston

Lincolnshire

PE20 3AU

We hereby agree that the organizers are not held liable for any loss or damage cause before during or after this event and agree to comply with any official on site. The entered exhibit will be covered by the third party insurance

Signed:…………………………………..……… Dated:……………….……………..…………..