



# Vehicle Application Form 2017

Please post completed form to:

**Grassington 1940s**  
**The Flower Loft**  
**Garrs Lane**  
**Grassington**  
**Skipton**  
**North Yorkshire**  
**BD23 5AT**

Or email completed form to [bookings@grassington1940sweekend.co.uk](mailto:bookings@grassington1940sweekend.co.uk)

**Please reserve a vehicle space for the following days:**

Please Tick    Friday 15th (evening only)     Saturday 16th     Sunday 17th

Vehicle Manufacturer & Model \_\_\_\_\_

Registration No. \_\_\_\_\_                      Year of Manufacture \_\_\_\_\_

Approx size vehicle \_\_\_\_\_

Taking part in re-enactment display    Yes / No

Military / Civilian Vehicle \_\_\_\_\_

Please include your email address for confirmation of booking email

Email Address \_\_\_\_\_

Name, Address & Telephone

I understand that I am entirely responsible for my own vehicle (above), which will be covered by my own insurance policy and that I am willing to display the vehicle at my own risk. I agree that I will comply with any requests from the organisers and will park my vehicle in the space allocated to me.

Signed \_\_\_\_\_

Printed \_\_\_\_\_