ENTRY FORM

SATURDAY 7th JUNE 2025

Name:

Address:

Tel No:

Vehicle details: Car / Bike (delete as appropriate)

Make:

Model:

Year *:

Registration No:

Number of persons attending in vehicle:

E Mail address (below) :-

Interesting information about your vehicle:

I hereby confirm that my vehicle will be properly covered by a minimum of Third party insurance.

Sign:
Date:

Print

I declare that I am insured to drive the vehicle described above and indemnify Skeyton Goat Classic Car Club against any claims arising from my participation in this event, also agree the afor mentioned will not be held responsible for any damage to my vehicle however it may be caused. I agree to abide by the rules and decision of the event organiser.