**WIDECOMBE FAIR**

 **Tuesday 10th September 2019**

Co-ordinator: Barbara Low (for Widecombe Fair Committee Co Ltd)

 Address: 22 Pottery Road, Bovey Tracey, Newton Abbot, Devon TQ13 9DS.

 Email: below@btinternet.com Tel: 01626 834057

**VINTAGE MACHINERY EXHIBIT BOOKING FORM**

Would you like to exhibit at Widecombe Fair on Tuesday 11th September 2018? If so, please complete and return this booking form to Mrs Barbara Low at the above address.

Contact Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

WIDECOMBE FAIR 2019

Authorised Signature on behalf of the Exhibitor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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The deadline for applications is WEDNESDAY 10th JULY 2019 Late entries or cancellations please contact: Rodney Cruze Address: Pitton Farm, Widecombe-In-The-Moor, Newton Abbot, Devon TQ13 7TR Tel: 01364 621241 (please phone between 8.30pm and 10pm)

Please provide details of the exhibit e.g. the manufacturer, when built, model, engine size etc. in the box below. There is also a requirement that details include any hazardous or combustible materials that are to be either in use or for sale on any exhibitor’s site or area of operation.

INSURANCE DETAILS Please complete the following declaration: I declare that any exhibit and the personnel involved are covered by a current public liability policy with:

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Name of Insurance Company: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Policy Holder:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Policy No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Expiry Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name (printed): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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