BUDE CARNIVAL - 16th AUGUST 2014

ENTRY FORM

(PLEASE COMPLETE THIS APPLICATION FORM USING BLOCK CAPITALS)
ORGANISATION
CONTACT NAME: This is a person to whom any correspondence would be directed, regarding the entry, and be responsible for the conduct of the entry
ADDRESS:

TELEPHONE NO:
NAME OF ENTRY:
CLASS NO: (See overleaf)
CLASS DESCRIPTION
WILL MUSIC BE PLAYED ? YES NO
MODE OF TRANSPORT: (Delete as appropriate) TRACTOR/TRAILER ON FOOT LORRY BUS/COACH BICYCLE CAR OTHER
I HAVE READ AND UNDERSTAND THE CARNIVAL SAFETY RULES SIGNATURE OF APPLICANT AS DETAILED ABOVE
SIGNED: NAME: (5_OCK CAPITALS PLEASE)

PLEASE RETURN THIS COMPLETED FORM BY 15TH AUGUST 2014 TO: Miss S. Bartrop, 10 Bramble Hill, BUDE, Cornwall EX23 8DG.