

Car Camp 13th – 15th April 2018

REGISTRATION FORM

Name: _____

Address: _____

Contact Number: _____

Email: _____

Share a room with : _____

Dietary Requirements: _____

1. Are you able to sleep on top bunk? YES / NO

2. Do you have a medical condition that prevents you from using steps? YES / NO

3. Are you self-conscious about your sleeping habits that might prevent you and/or others from sleeping, eg sleep apnoea, snoring etc? YES / NO

4. Dinner @ 6:30pm Friday Night? YES / NO

5. Attending: Full Weekend or Saturday only

I have no internet access. Please post me the requirement list.

6. Vehicle you expect to be Attending In _____

7. Other Items for Display _____

8. Details of Other Vehicles & Collectables you own _____

PARTICIPANTS only to complete this part

1. Items for Sale / Swap / Wanted to Buy (please attach list) _____

2. Musical Instruments and/or skills you will bring _____

3. Planned time of arrival _____

4. Emergency Contact (not somebody attending camp) _____

Name _____

Phone number _____