

Suffolk Centre – Rally Slip

Rally Name:

Date:

Surname:

First Names:and.....

Address:

.....

Telephone No:

E-Mail Address:

Centre:

Membership No:

Car Registration:

Adults:(18+).....

Teenagers:age(s).....

Children:age(s).....

Estimated Arrival:day.....am/pm

Duration of Stay:nights

Organised

Event/Food:Tickets Required

Rallies Attended: First ever, 2, 3, 4, 5, over 5

Notes:

Caravan/Motorhome:

Overall Length:

Disabled, Vegetarian:

50/100th Rally etc:

Special Events:

EHU if Available: Yes/No

I understand that I may be liable for expenses incurred through late cancellation or non-attendance

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