

Lechlade Collectors Club

23rd/24th/25th May 2020

Now at Langley Lane Clanfield, Bampton, Oxon OX18 2RZ

Camping Booking Form 2020

Invitation to attend the 6th Lechlade Annual Vintage Rally & Country Show.

Please complete the Form and return with appropriate documents, please make cheques payable to **Lechlade Collectors Club** post form with A5 "STAMPED SELF ADDRESSED ENVELOPE"

To: - Stalls Coordinator, PO Box 387, Carterton, Oxon. OX18 9DL

Bank details:- Lloyds | Acc No 74695260 | Sort Code 30-99-78 |
Telephone: 01993843221 (leave message), e-mail info@lechladecollectorsclub.co.uk

- Entry forms to be completed by May 19th 2020
- ALL CAMPERS ARE REQUESTED TO ARRIVE BY 5.00PM AND LEAVE By 11.00am on their final day.**
- Site available from **10.00am** Fri 22nd use **GATE 2**, From **10.00 am** Sat 23rd/Sun 24th/Mon 25th **USE GATE 1**
Passes will be posted out on completion of the application form. Transactions & **Refunds** after 19 May 2020. **by arrangement with the Committee.**
- All Motor Homes, Caravans, Cars, Gazebos, Guy Ropes, Towbars, Generators, Tables & Chairs to include all your equipment **MUST** be kept within your allocated Pitch.
- BRING YOUR OWN DRINKING WATER.** Stall holders will sell bottled water. Water for other uses will be available.

Cut
&
post

4 NIGHTS Fri/Sat/Sun/Mon £40.00	3 NIGHTS £30.00	2 NIGHTS £20.00	1 NIGHTS £10.00	FEE you are sending £ _____
(tick) <input type="checkbox"/>	Fri (tick) <input type="checkbox"/> Sat (tick) <input type="checkbox"/> Sun (tick) <input type="checkbox"/> Mon (tick) <input type="checkbox"/>	Fri (tick) <input type="checkbox"/> Sat (tick) <input type="checkbox"/> Sun (tick) <input type="checkbox"/> Mon (tick) <input type="checkbox"/>	Fri (tick) <input type="checkbox"/> Sat (tick) <input type="checkbox"/> Sun (tick) <input type="checkbox"/> Mon (tick) <input type="checkbox"/>	
Name _____ Address _____				OFFICIAL USE ONLY Camp Number _____ By whom _____
Post code; _____				
Telephone; Home _____ Mobile _____ E-Mail _____				
<p>UNDER THE FREEDOM OF INFORMATION ACT. I REQUIRE YOUR PERMISSION TO HOLD YOUR ADDRESS ON MY DATABASE. THE ONLY INFORMATION I WILL KEEP IS WHAT IS ON YOUR FORM IE; FULL NAME , ADDRESS ,PHONE NUMBER and E-MAIL .PLEASE SIGN BELOW</p> <p>LCC. Committee nor any of their servants or agents will not be responsible for any injury (fatal or otherwise), loss or damage to any person's, animal's, vehicle's, exhibit's or any property, how ever caused in connection with the show and those concerned shall be deemed to have accepted this condition.</p>				
Signature _____ Print name _____ Date _____				