Please return entries to our Entries Secretary, Rhiannon Wilkinson: E-mail: <u>mdmchaunted@gmail.com</u> Any questions/further details, please don't hesitate to contact: 07706 875713

MABLETHORPE & DMC

HAUNTED LINCOLI	NSHIRE	CLASSIC	TOUR -	1st Septe	ember 2024	4
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ENTRY FORM

	GDPR 2018, MDMC would like teeping my data for the purposes				agree to this please	tick the box.	
Driver							
Name							
Address							
				Pc	Post Code		
	Tel.	Mo	obile	Er	mail address		
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Person to be info	ormed in case of accident	t :			<u> </u>	<u> </u>	
Name							
	Rela	100050	וי 				
Co-Driver							
Name							
Address							
				Pc	ost Code		
	Tel. No.		Mobile		Email address		
Person to be ir	nformed in case of accider	nt :			.		
Name							
Address							
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Car details	1	<u> </u>	Registration No	ט.			
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Capacity (in cc)			Year	I			