



# Euston Park Rural Pastimes

In Aid of St. Nicholas Hospice & Local Churches  
President: Duke Harry Grafton



**St Nicholas**  
Hospice Care  
A Registered Charity No. 287773

Euston Park, Near Thetford, Norfolk, IP24 2QL

**Sunday 11 June 2017**

[www.eustonruralpastimes.org.uk](http://www.eustonruralpastimes.org.uk)

**Stationary Engine & Associated Displays / Exhibits Entry**

Closing date for entry to programme **1st May 2017**

**Exhibitor Details (BLOCK CAPITALS PLEASE):**

Name: (Mr / Mrs / Miss / Ms). First name: \_\_\_\_\_ Surname: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_ Mob: \_\_\_\_\_

County: \_\_\_\_\_

Postcode: \_\_\_\_\_ Email \_\_\_\_\_

Please indicate that you have adequate Public Liability Insurance. Yes \_\_\_\_ No \_\_\_\_  
If through Club membership please give Club name and a contact phone number

Or by enclosing a copy of your individual insurance certificate and completing the following:

Insurance Co \_\_\_\_\_ Policy No: \_\_\_\_\_

**Exhibit Details: (Please tick)** Stationary Engine: \_\_\_\_ Display / Collection: \_\_\_\_

**Stationary Engine Details:**

Make: \_\_\_\_\_ Model: \_\_\_\_\_

Year: \_\_\_\_\_ Horsepower /CC: \_\_\_\_\_

Display / Collection Description:  
\_\_\_\_\_  
\_\_\_\_\_

**If you wish to enter more than ONE exhibit, this form can be photocopied**

**CONDITIONS OF BOOKING.**

It is a condition of booking that all exhibitors take responsibility for their own health and safety and that of the public visiting their stand or attraction. Your health and safety risk assessment should be available on request at the event. Similarly, your public liability insurance certificate should be available for inspection.

**Please sign to confirm**

- That my attraction / entertainment / exhibit(s) will be covered fully by insurance for full third party and public liability risks
- I agree to produce my insurance documentation on request by any stewards. .
- I understand I will park by my exhibit where space allows
- I understand that the committee reserves the right to refuse admittance
- Relevant Health & Safety regulations will also be observed.

Signed: \_\_\_\_\_ Print: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

\* Send your signed, completed form (and copy of insurance) to **Geoff Watson,**  
**10 Mill Road, Honington Village, Bury St Edmunds, Suffolk. IP31 1SB by 1<sup>st</sup> May 2017**

\* If you have any questions about your entry please call **01359 269465**

\* Please remember to include a **stamped, self-addressed envelope SIZE DL OR C5 ONLY** to receive your pass & entry number. This helps us keep our costs down and so have more to distribute to the charities. Thank you.



DOWN