

Sunday 5th December 2021, Longacre Farm, Blithbury, Nr Rugeley, WS15 3JQ

Registration between 5.30pm and 6pm

**BOOKING FORM**

**Driver Information:**

|  |  |
| --- | --- |
| **FULL NAME OF DRIVER** |  |
| **FULL ADDRESS** | **Essential as we shall be POSTING a number out to be displayed in your Tractor Cab** |
| **DATE OF BIRTH\*** |  |
| **MOBILE NUMBER** |  |
| **EMAIL ADDRESS\*\*** | **\*\* Essential for any updates and communications nearer to the time \*\*** |

**Driver Declaration:**

|  |  |
| --- | --- |
| **ALL DRIVERS MUST SIGN HERE TO CONFIRM THAT THEY HOLD A VALID DRIVING LICENCE AND RELEVANT INSURANCE. IF YOU ARE AGED \*16 OR 17 YEARS, THEN PLEASE ADD IN THE DETAILS OF YOUR PARENT/GUARDIAN WHO MUST ALSO COUNTER-SIGN THIS FORM** | |
| **DRIVERS SIGNATURE** |  |
| **PARENT/GUARDIAN SIGNATURE (U18’S)** |  |
| **PARENT/GUARDIAN EMERGENCY CONTACT DETAILS (U18’S)** | **ICE 1:** |
| **ICE 2:** |

**Tractor Information:**

|  |  |
| --- | --- |
| TRACTOR MAKE/MODEL & COLOUR |  |
| TRACTOR REGISTRACTION NUMBER |  |

PLEASE CONTINUE OVERLEAF……

**Tractor/Owner Information (to be completed if different than Driver Information):**

|  |  |
| --- | --- |
| TRACTOR OWNER NAME |  |
| TRACTOR OWNER ADDRESS |  |
| TRACTOR OWNER MOBILE NUMBER |  |
| TRACTOR OWNER EMAIL ADDRESS |  |
| **ALL TRACTOR OWNERS MUST SIGN HERE TO CONFIRM THAT THEY CONSENT TO THE DRIVER NAMED ON PAGE 1, DRIVING THE TRACTOR AND THAT THE TRACTOR IS COVERED BY VALID INSURANCE** | |
| **SIGNATURE OF TRACTOR OWNER** |  |

**DECLARATION**

I declare that during the whole period of this event that my vehicle entry will be fully road worthy and the vehicle is covered by adequate insurance for road use that includes Public Liability Insurance in accordance with the Road Traffic Act.

Only 1 passenger may travel inside the tractor alongside the driver providing that there is a factory-fitted seat in the tractor.

I agree not to hold Staffordshire Young Farmers Club, South Staffs Water or any of the organisers responsible for any loss or damage of any description throughout the event, to myself or the tractor entered, however caused.

I understand and I agree that I enter the event at my own risk and must follow the Highway Code throughout the route. I will also abide by the events health and safety regulations and rules on the day, along with directions from the marshals. I accept that the event will be photographed and filmed on the day.

I have read, and fully understand this declaration that by entering this event is wholly at my own risk and will abide by the conditions of entry.

I agree to produce licence and insurance documentation on the day, if requested by the organisers on the day.

I agree to bling my tractor up to look like a Christmas spectacle, lighting up the route in a very festive way!

*(Prizes for the Best Dressed Tractor/Best Dressed Vintage Tractor)*

I will follow any Covid guidance at the time.

**Signed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Print Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_**

**Entry Information:**

|  |  |
| --- | --- |
| I enclose £15 for my tractor entry (cheques made payable to SCFYFC)  [organiser@staffsyoungfarmers.org.uk](mailto:organiser@staffsyoungfarmers.org.uk) | **Please tick** |
| **ALL PROCEEDS FROM THIS EVENT ARE BEING EQUALLY SPLIT BETWEEN:**  **MIDLANDS AIR AMBULANCE AND STAFFORDSHIRE YFC** | |
| **Post this entry form no later than 20th Nov to:** Julia Taylor, County Organiser, Staffordshire YFC, YFC Centre, County Showground, Weston Road, Stafford, ST18 0BD or email [organiser@staffsyoungfarmers.org.uk](mailto:organiser@staffsyoungfarmers.org.uk) and bank transfer the booking fee to  Account Name: Staffordshire YFC / Sort Code: 010832 / Account No: 01057979 | |

**Things to note:**

* **Entries close on 20th November**
* Registration on the day commences at 5.30pm, closes at 6pm
* All communications before the day will be made via email
* Any guidance relating to Covid 19 will be adhered to at the event