

AUTO-SLEEPER OWNERS' CLUB

RALLY APPLICATION FORM

Date sent:		Rally name:	
First name:		Surname:	
Address:			
Address:			
Town/City:		Postcode:	
Phone No:	Mobile:	Membership No:	
Email:			
Additional number of named persons in your van			
Adults:		Children (incl age):	Dogs:
Name:		Name:	
Name:		Name:	
MOTORHOME DETAILS			
Registration:			
Length:			
Model:			
ARRIVAL DETAILS			
Day:	am <input type="checkbox"/>	pm <input type="checkbox"/>	Evening <input type="checkbox"/>
Cheque enclosed for £ for nights including rally fee			
Full payment must accompany the application and cheques made payable to the rally marshal			
OTHER DETAILS		Yes	No
Is this your first ASOC rally:		<input type="checkbox"/>	<input type="checkbox"/>
Electricity:		<input type="checkbox"/>	<input type="checkbox"/>
Evening meal:		<input type="checkbox"/>	<input type="checkbox"/>
Any special needs: If yes specify below		<input type="checkbox"/>	<input type="checkbox"/>
EMERGENCY CONTACT DETAILS			
Name:			
Phone:		Mobile:	
We require the details of the person to contact in the event of an emergency			

Rally application form to reach the marshal 14 days before the event if possible.

Enclose a S.A.E if confirmation is required