



SOVEREIGN CARAVAN CLUB RALLY BOOKING FORM

WE WOULD LIKE TO ATTEND THE \_\_\_\_\_ RALLY  
NAMES \_\_\_\_\_  
ADDRESS \_\_\_\_\_

TEL.NO. \_\_\_\_\_ MOBILE TEL \_\_\_\_\_  
E-MAIL ADDRESS \_\_\_\_\_  
MEMBERSHIP NO. \_\_\_\_\_ CAR REG \_\_\_\_\_  
NO.ADULTS \_\_\_\_\_ NO.CHILDREN UNDER 16 \_\_\_\_\_  
WE HOPE TO ARRIVE ON \_\_\_\_\_ AT \_\_\_\_\_ AM/PM  
SOCIAL IF APPLICABLE –ADULTS \_\_\_\_\_ CHILDREN \_\_\_\_\_  
IS THIS YOUR FIRST RALLY ? Y / N

**RALLIES START AT TIME STATED  
DO NOT ARRIVE EARLIER**

I AGREE TO PAY ALL MONEY DUE.

SIGNATURE. \_\_\_\_\_



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