



Booking form for IMM2004

Please return one form PER adult person!

TICK: I AM PART OF CLUB GROUP* ☐
OR AN INDIVIDUAL PARTY ☐

PRINT OFF, COMPLETE AND RETURN BOTH PAGES
**** REGISTRATION CLOSES 1ST FEBRUARY 2004 ****

Details about you:	
Title (Mr,Mrs,Miss etc)	
Your First Name in Full	
Your Surname/Family Name	
*Mini Club Name if part of a club party	
Your Address in full	
Country and FIRST LANGUAGE	
Full Contact Telephone Number at Home	
Your mobile number at IMM (if any)	
Email contact address:	
Club Personal Webpage for a reciprocal link?:	

About You and any Children travelling with you, you are responsible for (YOUR Family/those 16 yrs old or less)			
First Name(s)	Surname	Age / Sex (M/F) & V if vegetarian	Price*
Example		37 / m / v	£35
YOU			
*Total cost (Children 5 and under free (no free meals), Children 6-16yrs £20.00 each (free meals as advertised, Everyone else £35.00 each including free meals advertised)			
PAYMENT ONLY BY CHEQUE IN UK POUNDS STERLING PAYABLE TO IMM2004..... Tick here <input type="checkbox"/> if you need bank details for direct payment, then send the form without payment and we will contact you with the details			
OR Visit IMM2004.ORG to pay online (small fee)!			

Please help US to Help YOU in reducing arrival hold ups:

My Estimated Time Of Arrival is at:		On (Day):
8.30-10.00 <input type="checkbox"/>	10-12NOON <input type="checkbox"/>	FRIDAY 20TH AUGUST <input type="checkbox"/>
12.00-14.00 <input type="checkbox"/>	14.00-16.00 <input type="checkbox"/>	SATURDAY 21ST AUGUST <input type="checkbox"/>
16.00-18.00 <input type="checkbox"/>	18.00-20.00 <input type="checkbox"/>	
20.00-23.59 <input type="checkbox"/>		

This information would be valuable to us for site security and your own health and safety:

OPTIONAL Vehicle Details		
Car Make/Model	Registration Number	Colour
Anything else we should know about you or those you are looking after? MEDICAL etc		
<p><i>IMPORTANT: You are responsible for the provision of all medication you take routinely as well as responsible for ensuring the food you eat and anything you drink is compatible with any allergies or other restrictions you may have to live with. Please ask the organisers/caterers any relevant questions to assist you in these matters- we may not be able to cater for specialist diets beyond the provision of a vegetarian option. You are personally responsible for your own travel & health insurance for your visit to IMM2004, we cannot pay the cost of ,nor subsidise, any treatment/medication you may require while at IMM2004.</i></p>		

Signed	<p>.....<input type="checkbox"/></p> <p>Tick ONLY IF you would like to receive information in advance of IMM2004 from Mini traders and/or other IMM2004 partners</p>
Name	
Date	

Return this form along with full payment (Please make cheques payable to IMM 2004) - To pay by bank transfer Send forms without payment and please tick here ☐ and you will be sent details. POST FORM(S) AND CHEQUE TO: IMM2004 Bookings, c/o Croftgary Farm Cottage, Aberdour, Fife, KY3 0RN (A local office will be available nearer the time of the event)

IMM 2004 OFFICE USE ONLY: Received	Returned to sender (errors)	Sent bank info	Payment Received (Y&N) and amount	Form Returned 100%	Checked and logged Date & Initials	Final Filing CODE