# CONCOURS D'ELEGANCE & LUXEMBOURG CLASSIC DAYS Parc Domaine Thermal, Mondorf-les-Bains























### SUBSCRIPTION FORM

# **Classic Days - 29 & 30 August 2015**

Read suscription form with Adobe Reader

## Please send your completed form to:

MAW Events sarl 30, rue de l'Industrie L-8069 STRASSEN Luxembourg

or info@concours-mondorf.lu BEFORE 15 JULY 2015.

Please fill in the form below in CAPITAL LETTERS				
PARTICIPANT				
Name:	First Name:			
Postal Address:	City:			
Postcode:	Country:			
Phone:	Fax:			
Email:				

Phone:		Fax:			
Email:					
OPTIONAL EXTRAS			BASIC PACKAGE		
SUPPLEMENTARY MERCHANDISE			Subscription fee:	100 € C	
HIGH QUALITY SWEAT-JACKET (60 € each)			1 ou more vehicules		
Size s	M L XL XXL		<b>A</b>	1 diner saturday (l'Orangerie)	
(Please tick)  Number:	nse tick) — — — — — X 60 € — — — — — — — — — — — — — — — — — —	A	1 high quality sweat-jacket		
Number.	Number: sweat-jackets			S M L XL XXL	
				1 goodybag.	
SUPPLEMEN	NTARY PASSES (60€ each)				
Included:	Free entrance			TOTAL =	A+B+C
	1 diner saturday at "l'Orangerie"			TOTAL	A+D+C
	x 60 €  No of supplementary  VIP PASS		В	I have transferred the total amou IBAN: <b>LU90 0019 4055 5413 50</b> to the account of Make-A-Wish:	

#### **Legal Responsibility**

The organizer rejects any liability for damage to persons, property and assets that happens to the participants (applicants, drivers and co-drivers) before, during and after the event. By introducing the participation form the participants renounce, for themselves and their relatives, for any damage suffered resulting directly or indirectly from the event, the right to act against or take recorse against the organizer Make-A-Wish and their employees and assistants, against administrations, service organizations and any other person that is in connection with the organization of the event. The participants renounce, for themselves and their relatives, on their right to take recourse to the courts. The participants take part in the event at their own risk and bear the civil and criminal responsibility for all damage caused by their vehicles.

DATE:	SIGNATURE (NAME):
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		Registrant No. (For Office Use)
VEHIC	CLE DESCRIPTION	
Owner	's Name	Start Number
Brand:		Coach Builder:
Model: Frame No:		
Year:	Engine Size:	HP: CYL:
FIA Pass:	No Yes No	FIVA Pass: No Yes No
Informa	ation to be given to the public about the vehic	le, driver and co-driver:
CLASS	Please tick	COLOUR PHOTO for publication

#### **LOGISTICAL INFORMATION**

Trailer parking required? Yes / No

IF YES, approximately what size?\_\_\_\_\_\_ METRES