

11 & 12 September 2021

APPLICATION FOR LIVING HISTORY DISPLAYS ONLY

GROUP NAME	THEME NAME (if applicable)	Area/facility required (please state 'walking' if no display area required)

On a separate sheet of paper please enclose a diagram of your display.

Please supply a full list of **all those attending** (not your membership list) and a complete list of support vehicle registration numbers on the enclosed form. Bookings must be received by 6th September 2021.

Are you bringing military vehicles? YES / NO (delete as appropriate). If so, how many? _____

No military vehicle movements are allowed during show days unless authorised and agreed by a marshal.

Exhibitors can arrive from 3pm until 9pm on Friday. No entry after 9pm. A separate area for domestic camping will be provided away from any living history display for those who do not have period tents.

Groups are not allowed to pack down before Sunday evening at 5pm. Once we have received your application we will contact you to discuss the nature and size of your display and the number of passes required.

Name of Group Organiser (BLOCK CAPITALS):	
Address:	E-mail address:
	Website: www
	Tel. no:
Post code:	Mobile no:

Wristbands

All re-enactors are free of charge. Non-exhibitors attending with a living history group will be charged.

- I/we confirm that my display/group booking will have public liability cover Insurance for the duration of my attendance at Frontline Kent 1940 and that the organisers or their agents can accept no liability for any loss, damage or injury howsoever sustained during the event. We confirm we will obey the instructions of the officials while on the show site and that our display will be in place by 9am and will not break down before 5pm for the two days of the show and that our participants will behave in a manner acceptable for a family event at all times.
- I/we agree to allow photographs, recordings etc. of our display to be taken and used for personal and professional publication for no charge.
- I/we will not use BB guns on site.**

Insurance no: _____ Signed: _____

Insurer: _____ PRINT NAME: _____

Insurance expiry date: _____ Date: _____

Maximum indemnity: _____

**PLEASE ENCLOSE COPY OF
INSURANCE CERTIFICATE**