NON MEMBERS EVENT FORM

Event Organiser to ensure this is completed in full and signed by all Non Members participating in any British Driving Society Event before commencement of event.

Completed forms to be returned to BDS Office by event organiser.

PARTICIPANTS DETAILS NAME			
	-		
ADDRESS			
	-		
		12 A.E.	
TELEPHONE NUMBER AND EMAIL ADDRESS			
] I can confirm that		t rules: the British Driving Society and	that I have up to date
	oility Insurance Cover.		
		ty collecting my personal data	for marketing purposes
Please tick appropriat	e boxes:		
SIGNED:			
PRINT NAME:			
DATE:			