



CAR SHOW REGISTRATION FORM

(PLEASE PRINT ON FORM)



FIRST NAME: _____

LAST NAME: _____

STREET ADDRESS: _____

CITY: _____

STATE: _____

ZIP CODE: _____

PHONE NUMBER: () - _____

EMAIL ADDRESS: _____

CAR CLUB AFFILIATION: YES () NO ()

NAME OF CAR CLUB: _____

VEHICLE YEAR: _____

VEHICLE MAKE: _____

VEHICLE MODEL: _____

VEHICLE COLOR: _____

VEHICLE ENGINE: _____

DESCRIBE FEATURES OF YOUR CAR: _____
